
State: Arkansas **Filing Company:** Assurity Life Insurance Company
TOI/Sub-TOI: H11G Group Health - Disability Income/H11G.005 Combined Short Term and Long Term
Product Name: Grp DI PRO
Project Name/Number: Grp DI PRO Forms/Grp DI PRO

Filing at a Glance

Company: Assurity Life Insurance Company
Product Name: Grp DI PRO
State: Arkansas
TOI: H11G Group Health - Disability Income
Sub-TOI: H11G.005 Combined Short Term and Long Term
Filing Type: Form
Date Submitted: 10/24/2012
SERFF Tr Num: SEFL-128741971
SERFF Status: Closed-Approved-Closed
State Tr Num:
State Status: Approved-Closed
Co Tr Num: GRP DI PRO

Implementation: On Approval
Date Requested:
Author(s): Kristi Hendrickson
Reviewer(s): Rosalind Minor (primary)
Disposition Date: 11/05/2012
Disposition Status: Approved-Closed
Implementation Date:

State Filing Description:

State: Arkansas
TOI/Sub-TOI: H11G Group Health - Disability Income/H11G.005 Combined Short Term and Long Term
Product Name: Grp DI PRO
Project Name/Number: Grp DI PRO Forms/Grp DI PRO

Filing Company: Assurity Life Insurance Company

General Information

Project Name: Grp DI PRO Forms
Project Number: Grp DI PRO
Requested Filing Mode: Review & Approval
Explanation for Combination/Other:
Submission Type: New Submission
Group Market Type: Employer, Association
Filing Status Changed: 11/05/2012
State Status Changed: 11/05/2012
Created By: Kristi Hendrickson
Corresponding Filing Tracking Number: SEFL-128742020

Status of Filing in Domicile: Authorized
Date Approved in Domicile: 10/18/2012
Domicile Status Comments: Approved
Market Type: Group
Group Market Size: Small and Large
Overall Rate Impact:
Deemer Date:
Submitted By: Kristi Hendrickson

Filing Description:

Form Numbers Form Title

G H1213 (AR) Off-the-Job Accident and Sickness Disability Income Master Policy
G H1213C (AR) Off-the-Job Accident and Sickness Disability Income Certificate of Insurance
G H1214 (AR) Off-the-Job Accident-Only Disability Income Master Policy
G H1214C (AR) Off-the-Job Accident-Only Disability Income Certificate of Insurance
R G1215 (AR) Emergency Accident Master Rider
R G1215C (AR) Emergency Accident Certificate Rider
R G1216 On-the-Job Accident and Sickness Disability Income Master Rider
R G1216C On-the-Job Accident and Sickness Disability Income Certificate Rider
R G1217 On-the-Job Accident-Only Disability Income Master Rider
R G1217C On-the-Job Accident-Only Disability Income Certificate Rider
R G1218 Retroactive Injury Benefit Master Rider
R G1218C Retroactive Injury Benefit Certificate Rider
R G1219 Spouse Accident-Only Disability Income Master Rider
R G1219C Spouse Accident-Only Disability Income Certificate Rider
47-203-02253 Disability income product page of the enrollment form
75-209-02253 (R07-12) Worksite Group Employer Application

The above forms and associated rates are submitted for review and approval. All forms, except the employer application, are new and will not replace any previously approved forms.

Once approved, form 75-209-02253 (R07-12) will replace form 75-209-02253 (R02-12), which was approved on April 10, 2012 under filing SEFL-128194602.

Forms G H1213 (AR)/G H1213C (AR) is an off-the-job disability income policy which provides monthly benefits while the insured is totally disabled due to a covered accident or sickness.

Form G H1214 (AR)/G H1214C (AR) is an off-the-job disability income policy which provides monthly benefits while the insured is totally disabled due to a covered accident.

Form R G1215 (AR)/R G1215C (AR) is an emergency accident rider that provides a lump sum payment if the insured person sustains an injury for which they receive emergency care as provided in the rider. The benefit from this rider is payable up to four times per calendar year. This rider is available with policy forms G H1213 (AR)/G H1213C (AR) and G H1214 (AR)/G

State: Arkansas **Filing Company:** Assurity Life Insurance Company
TOI/Sub-TOI: H11G Group Health - Disability Income/H11G.005 Combined Short Term and Long Term
Product Name: Grp DI PRO
Project Name/Number: Grp DI PRO Forms/Grp DI PRO

H1214C (AR).

Form R G1216/R G1216C is an on-the-job disability income rider that provides monthly benefits for total disability due to a covered sickness or covered accident. This rider is available with policy form G H1213 (AR)/G H1213C (AR).

Form R G1217/R G1217C is an on-the-job disability income rider that provides monthly benefits for total disability due to a covered accident. This rider is available with policy form G H1214 (AR)/G H1214C (AR).

Form R G1218/R G1218C is a retroactive injury benefit rider that provides a lump sum benefit to the insured if he/she is continuously totally disabled from the date of the injury until the end of the elimination period. This rider is available with policy forms G H1213 (AR)/G H1213C (AR) and G H1214 (AR)/G H1214C (AR).

Form R G1219/R G1219C is a spouse accident only disability income rider which provides monthly benefits for total disability from a covered accident to the spouse of the insured. This rider is available with policy forms G H1213 (AR)/G H1213C (AR) and G H1214 (AR)/G H1214C (AR).

Form 46-203-05053 is the plan selection page for policy forms G H1213C (AR) and G H1214C (AR). This page will be utilized with application forms 47-200-02253 and 47-201-02253, which were approved on April 16, 2012 under filing SEFL-127892462.

Form 75-209-02253 (R07-12) will be used by the employer.

Marketing: These forms will be marketed only to employer groups at the worksite, using payroll deduction for premiums.

We recently submitted similar individual health forms under SEFL-128742020. Because these forms and the benefits they provide are so similar, it is our intent to have the language as much alike as possible. Therefore, we would like to have the filings reviewed simultaneously if possible.

Company and Contact

Filing Contact Information

Kristi Hendrickson, Policy Filing Specialist policyfiling@assurity.com
P.O. Box 82533 402-437-3452 [Phone]
Lincoln, NE 68501-2533 402-437-3802 [FAX]

Filing Company Information

Assurity Life Insurance Company	CoCode: 71439	State of Domicile: Nebraska
P.O. Box 82533	Group Code:	Company Type: Life/Health
Lincoln, NE 68501-2533	Group Name:	State ID Number:
(800) 276-7619 ext. [Phone]	FEIN Number: 38-1843471	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$800.00
Retaliatory?	No
Fee Explanation:	50 per form
Per Company:	No

SERFF Tracking #: SEFL-128741971

State Tracking #:

Company Tracking #: GRP DI PRO

State: Arkansas

Filing Company: Assurity Life Insurance Company

TOI/Sub-TOI: H11G Group Health - Disability Income/H11G.005 Combined Short Term and Long Term

Product Name: Grp DI PRO

Project Name/Number: Grp DI PRO Forms/Grp DI PRO

Company	Amount	Date Processed	Transaction #
Assurity Life Insurance Company	\$800.00	10/24/2012	64229363

SERFF Tracking #:	SEFL-128741971	State Tracking #:		Company Tracking #:	GRP DI PRO
State:	Arkansas	Filing Company:	Assurity Life Insurance Company		
TOI/Sub-TOI:	H11G Group Health - Disability Income/H11G.005 Combined Short Term and Long Term				
Product Name:	Grp DI PRO				
Project Name/Number:	Grp DI PRO Forms/Grp DI PRO				

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	11/05/2012	11/05/2012

Objection Letters and Response Letters

Objection Letters

Status	Created By	Created On	Date Submitted
Pending Industry Response	Rosalind Minor	11/02/2012	11/02/2012

Response Letters

Responded By	Created On	Date Submitted
Kristi Hendrickson	11/05/2012	11/05/2012

Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Form	Worksite Group Employer Application	Kristi Hendrickson	10/30/2012	10/30/2012

State:	Arkansas	Filing Company:	Assurity Life Insurance Company
TOI/Sub-TOI:	H11G Group Health - Disability Income/H11G.005 Combined Short Term and Long Term		
Product Name:	Grp DI PRO		
Project Name/Number:	Grp DI PRO Forms/Grp DI PRO		

Disposition

Disposition Date: 11/05/2012

Implementation Date:

Status: Approved-Closed

Comment:

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
Assurity Life Insurance Company	0.000%	0.000%	\$0	0	\$0	0.000%	0.000%

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Act Memo	Approved-Closed	No
Form (revised)	Off-the-Job Accident and Sickness Disability Income Master Policy	Approved-Closed	Yes
Form	Off-the-Job Accident and Sickness Disability Income Master Policy	Replaced	Yes
Form (revised)	Off-the-Job Accident and Sickness Disability Income Certificate of Insurance	Approved-Closed	Yes
Form	Off-the-Job Accident and Sickness Disability Income Certificate of Insurance	Replaced	Yes
Form (revised)	Off-the-Job Accident-Only Disability Income Master Policy	Approved-Closed	Yes
Form	Off-the-Job Accident-Only Disability Income Master Policy	Replaced	Yes
Form (revised)	Off-the-Job Accident-Only Disability Income Certificate of Insurance	Approved-Closed	Yes

SERFF Tracking #:

SEFL-128741971

State Tracking #:

Company Tracking #:

GRP DI PRO

State:

Arkansas

Filing Company:

Assurity Life Insurance Company

TOI/Sub-TOI:

H11G Group Health - Disability Income/H11G.005 Combined Short Term and Long Term

Product Name:

Grp DI PRO

Project Name/Number:

Grp DI PRO Forms/Grp DI PRO

Schedule	Schedule Item	Schedule Item Status	Public Access
Form	Off-the-Job Accident-Only Disability Income Certificate of Insurance	Replaced	Yes
Form	Emergency Accident Master Rider	Approved-Closed	Yes
Form	Emergency Accident Certificate Rider	Approved-Closed	Yes
Form	On-the-Job Accident and Sickness Disability Income Master Rider	Approved-Closed	Yes
Form	On-the-Job Accident and Sickness Disability Income Certificate Rider	Approved-Closed	Yes
Form	On-the-Job Accident-Only Disability Income Master Rider	Approved-Closed	Yes
Form	On-the-Job Accident-Only Disability Income Certificate Rider	Approved-Closed	Yes
Form	Retroactive Injury Benefit Master Rider	Approved-Closed	Yes
Form	Retroactive Injury Benefit Certificate Rider	Approved-Closed	Yes
Form	Spouse Accident-Only Disability Income Master Rider	Approved-Closed	Yes
Form	Spouse Accident-Only Disability Income Certificate Rider	Approved-Closed	Yes
Form	Disability income product page of the enrollment form	Approved-Closed	Yes
Form (revised)	Worksite Group Employer Application	Approved-Closed	Yes
Form	Worksite Group Employer Application	Replaced	Yes
Rate	Attachment A	Approved-Closed	Yes

State: Arkansas **Filing Company:** Assurity Life Insurance Company
TOI/Sub-TOI: H11G Group Health - Disability Income/H11G.005 Combined Short Term and Long Term
Product Name: Grp DI PRO
Project Name/Number: Grp DI PRO Forms/Grp DI PRO

Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	11/02/2012
Submitted Date	11/02/2012
Respond By Date	

Dear Kristi Hendrickson,

Introduction:

This will acknowledge receipt of the captioned filing.

Objection 1

- Off-the-Job Accident and Sickness Disability Income Master Policy, G H1213 (AR) (Form)
- Off-the-Job Accident and Sickness Disability Income Certificate of Insurance, G H1213C (AR) (Form)
- Off-the-Job Accident-Only Disability Income Master Policy, G H1214 (AR) (Form)
- Off-the-Job Accident-Only Disability Income Certificate of Insurance, G H1214C (AR) (Form)

Comments:

It is requested that you delete the language on Discretionary Authority.

Section 4 of our Proposed Rule 101 states that No policy, contract, certificate or agreement offered or issued in this State providing for disability income protection coverage may contain a provision purporting to reserve discretion to the insurer to interpret the terms of the contract, or to provide standards of interpretation or review that are inconsistent with the laws of this state.

Conclusion:

A.C.A. 23-79-109(1)-(5) sets forth the procedure by which filings may be deemed approved upon the expiration of certain time periods with no affirmative action by the commissioner. If the commissioner determines that additional information is needed to make a decision regarding approval, such request for information will be made to the company. The filing will not be considered complete until said additional information is received. The time periods set forth in this statute will not begin to run until the filing is complete.

Please feel free to contact me if you have questions.

Sincerely,

Rosalind Minor

SERFF Tracking #:	SEFL-128741971	State Tracking #:		Company Tracking #:	GRP DI PRO
<hr/>					
State:	Arkansas	Filing Company:	Assurity Life Insurance Company		
TOI/Sub-TOI:	H11G Group Health - Disability Income/H11G.005 Combined Short Term and Long Term				
Product Name:	Grp DI PRO				
Project Name/Number:	Grp DI PRO Forms/Grp DI PRO				

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	11/05/2012
Submitted Date	11/05/2012

Dear Rosalind Minor,

Introduction:

Thank you for your correspondence.

Response 1

Comments:

The Discretionary Clause has been removed.

Related Objection 1

Applies To:

- *Off-the-Job Accident and Sickness Disability Income Master Policy, G H1213 (AR) (Form)*
- *Off-the-Job Accident and Sickness Disability Income Certificate of Insurance, G H1213C (AR) (Form)*
- *Off-the-Job Accident-Only Disability Income Master Policy, G H1214 (AR) (Form)*
- *Off-the-Job Accident-Only Disability Income Certificate of Insurance, G H1214C (AR) (Form)*

Comments:

It is requested that you delete the language on Discretionary Authority.

Section 4 of our Proposed Rule 101 states that No policy, contract, certificate or agreement offered or issued in this State providing for disability income protection coverage may contain a provision purporting to reserve discretion to the insurer to interpret the terms of the contract, or to provide standards of interpretation or review that are inconsistent with the laws of this state.

Changed Items:

No Supporting Documents changed.

SERFF Tracking #:

SEFL-128741971

State Tracking #:

Company Tracking #:

GRP DI PRO

State: Arkansas

Filing Company:

Assurity Life Insurance Company

TOI/Sub-TOI: H11G Group Health - Disability Income/H11G.005 Combined Short Term and Long Term

Product Name: Grp DI PRO

Project Name/Number: Grp DI PRO Forms/Grp DI PRO

Form Schedule Item Changes:

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Off-the-Job Accident and Sickness Disability Income Master Policy	G H1213 (AR)	POL	Initial		51.700	GH1213AR.pdf	Date Submitted: 11/05/2012 By: Kristi Hendrickson
Previous Version								
1	Off-the-Job Accident and Sickness Disability Income Master Policy	G H1213 (AR)	POL	Initial		51.700	GH1213AR.pdf	Date Submitted: 10/24/2012 By: Kristi Hendrickson
2	Off-the-Job Accident and Sickness Disability Income Certificate of Insurance	G H1213C (AR)	CER	Initial		52.000	GH1213CAR.pdf	Date Submitted: 11/05/2012 By: Kristi Hendrickson
Previous Version								
2	Off-the-Job Accident and Sickness Disability Income Certificate of Insurance	G H1213C (AR)	CER	Initial		52.000	GH1213CAR.pdf	Date Submitted: 10/24/2012 By: Kristi Hendrickson
3	Off-the-Job Accident-Only Disability Income Master Policy	G H1214 (AR)	POL	Initial		55.000	GH1214AR.pdf	Date Submitted: 11/05/2012 By: Kristi Hendrickson
Previous Version								

State: Arkansas Filing Company: Assurity Life Insurance Company
 TOI/Sub-TOI: H11G Group Health - Disability Income/H11G.005 Combined Short Term and Long Term
 Product Name: Grp DI PRO
 Project Name/Number: Grp DI PRO Forms/Grp DI PRO

Form Schedule Item Changes:

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
3	Off-the-Job Accident-Only Disability Income Master Policy	G H1214 (AR)	POL	Initial		55.000	GH1214AR.pdf	Date Submitted: 10/24/2012 By: Kristi Hendrickson
4	Off-the-Job Accident-Only Disability Income Certificate of Insurance	G H1214C (AR)	CER	Initial		54.700	GH1214CAR.pdf	Date Submitted: 11/05/2012 By: Kristi Hendrickson
Previous Version								
4	Off-the-Job Accident-Only Disability Income Certificate of Insurance	G H1214C (AR)	CER	Initial		54.700	GH1214CAR.pdf	Date Submitted: 10/24/2012 By: Kristi Hendrickson

No Rate/Rule Schedule items changed.

Conclusion:

Sincerely,
 Kristi Hendrickson

State:	Arkansas	Filing Company:	Assurity Life Insurance Company
TOI/Sub-TOI:	H11G Group Health - Disability Income/H11G.005 Combined Short Term and Long Term		
Product Name:	Grp DI PRO		
Project Name/Number:	Grp DI PRO Forms/Grp DI PRO		

Amendment Letter

Submitted Date: 10/30/2012

Comments:

It was discovered that page 1 of the application 75-209-02253 (R07-12) had the wrong form number on it. That has been corrected.

Changed Items:

Form Schedule Item Changes:

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Worksite Group Employer Application	75-209-02253 (R07-12)	AEF	Revised	Replaced Form #:75-209-02253 (R02-12) Previous Filing #:SEFL-128194601	50.900	75-209-02253 (R07-12) DI.pdf	Date Submitted: 10/30/2012 By:
<i>Previous Version</i>								
1	Worksite Group Employer Application	75-209-02253 (R07-12)	AEF	Revised	Replaced Form #:75-209-02253 (R02-12) Previous Filing #:SEFL-128194601	50.900	75-209-02253 (R07-12) DI.pdf	Date Submitted: 10/24/2012 By: Kristi Hendrickson

No Rate Schedule Items Changed.

No Supporting Documents Changed.

State: Arkansas

Filing Company:

Assurity Life Insurance Company

TOI/Sub-TOI: H11G Group Health - Disability Income/H11G.005 Combined Short Term and Long Term

Product Name: Grp DI PRO

Project Name/Number: Grp DI PRO Forms/Grp DI PRO

Form Schedule

Lead Form Number: G H1213 (AR)

Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1	Approved-Closed 11/05/2012	Off-the-Job Accident and Sickness Disability Income Master Policy	G H1213 (AR)	POL	Initial		51.700	GH1213AR.pdf
2	Approved-Closed 11/05/2012	Off-the-Job Accident and Sickness Disability Income Certificate of Insurance	G H1213C (AR)	CER	Initial		52.000	GH1213CAR.pdf
3	Approved-Closed 11/05/2012	Off-the-Job Accident-Only Disability Income Master Policy	G H1214 (AR)	POL	Initial		55.000	GH1214AR.pdf
4	Approved-Closed 11/05/2012	Off-the-Job Accident-Only Disability Income Certificate of Insurance	G H1214C (AR)	CER	Initial		54.700	GH1214CAR.pdf
5	Approved-Closed 11/05/2012	Emergency Accident Master Rider	R G1215 (AR)	POLA	Initial		51.100	RG1215AR.pdf
6	Approved-Closed 11/05/2012	Emergency Accident Certificate Rider	R G1215C (AR)	CERA	Initial		50.300	RG1215CAR.pdf
7	Approved-Closed 11/05/2012	On-the-Job Accident and Sickness Disability Income Master Rider	R G1216	POLA	Initial		50.200	RG1216AR.pdf
8	Approved-Closed 11/05/2012	On-the-Job Accident and Sickness Disability Income Certificate Rider	R G1216C	CERA	Initial		51.000	RG1216CAR.pdf

SERFF Tracking #:

SEFL-128741971

State Tracking #:

Company Tracking #:

GRP DI PRO

State: Arkansas

Filing Company:

Assurity Life Insurance Company

TOI/Sub-TOI: H11G Group Health - Disability Income/H11G.005 Combined Short Term and Long Term

Product Name: Grp DI PRO

Project Name/Number: Grp DI PRO Forms/Grp DI PRO

Lead Form Number: G H1213 (AR)

Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data		Readability Score	Attachments
9	Approved-Closed 11/05/2012	On-the-Job Accident-Only Disability Income Master Rider	R G1217	POLA	Initial			50.000	RG1217AR.pdf
10	Approved-Closed 11/05/2012	On-the-Job Accident-Only Disability Income Certificate Rider	R G1217C	CERA	Initial			50.400	RG1217CAR.pdf
11	Approved-Closed 11/05/2012	Retroactive Injury Benefit Master Rider	R G1218	POLA	Initial			55.300	RG1218AR.pdf
12	Approved-Closed 11/05/2012	Retroactive Injury Benefit Certificate Rider	R G1218C	CERA	Initial			54.000	RG1218CAR.pdf
13	Approved-Closed 11/05/2012	Spouse Accident-Only Disability Income Master Rider	R G1219	POLA	Initial			51.100	RG1219AR.pdf
14	Approved-Closed 11/05/2012	Spouse Accident-Only Disability Income Certificate Rider	R G1219C	CERA	Initial			51.000	RG1219CAR.pdf
15	Approved-Closed 11/05/2012	Disability income product page of the enrollment form	47-203-02253	AEF	Initial			50.300	47-203-02253.pdf
16	Approved-Closed 11/05/2012	Worksite Group Employer Application	75-209-02253 (R07-12)	AEF	Revised	Previous Filing Number:	SEFL-128194601	50.900	75-209-02253 (R07-12) DI.pdf
						Replaced Form Number:	75-209-02253 (R02-12)		

Form Type Legend:

ADV	Advertising	AEF	Application/Enrollment Form
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State:	Arkansas	Filing Company:	Assurity Life Insurance Company
TOI/Sub-TOI:	H11G Group Health - Disability Income/H11G.005 Combined Short Term and Long Term		
Product Name:	Grp DI PRO		
Project Name/Number:	Grp DI PRO Forms/Grp DI PRO		

CER	Certificate	CERA	Certificate Amendment, Insert Page, Endorsement or Rider
DDP	Data/Declaration Pages	FND	Funding Agreement (Annuity, Individual and Group)
MTX	Matrix	NOC	Notice of Coverage
OTH	Other	OUT	Outline of Coverage
PJK	Policy Jacket	POL	Policy/Contract/Fraternal Certificate
POLA	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	SCH	Schedule Pages

**ASSURITY® LIFE INSURANCE COMPANY**

Post Office Box 82533, Lincoln, NE 68501-2533

(402) 476-6500 • (800) 869-0355 • www.assurity.com

**Off-the-Job Accident
and Sickness Disability
Income Master Policy**

This Policy is a legal contract between the group Policyholder and Us (Assurity Life Insurance Company, a stock company). We issue this Policy and the Certificates based on the Policyholder's and the Employee's applications and payment of premium when due. This Policy alone is the only contract under which payment will be made. Any difference between this Policy and the Certificate will be settled according to the provisions of this Policy.

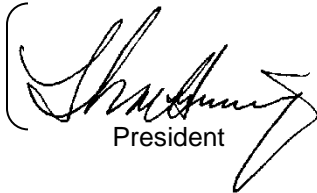
RIGHT TO EXAMINE

Each Certificate may be cancelled within 30 days of the Certificate Issue Date by returning the Certificate to Our administrative office. As soon as the Certificate is received by Us, it is treated as if it was never issued. Any premium payment will be refunded when We receive the Certificate.

RIGHT TO CANCEL

After the 30-day period specified in the Right to Examine section, each Employee may cancel their Certificate by notifying Us in writing to do so. The Certificate will be cancelled effective as of the end of the period for which premiums have been paid unless the notice specifies a later date. Cancellation of the Certificate will be without prejudice to any claim made prior to termination.

Assurity Life Insurance Company has signed this Policy on the Effective Date.


President


Secretary

**Important Cancellation Information – Please read the
“Right to Cancel” and “Termination” sections.**

Company may change premium rates

Representative: [Alex Agent]
Address: [123 Any Boulevard]
[Anytown xx 12345-6789]

Telephone: [(123) 456-7890]

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SCHEDULE

FORM NO.	FORM NAME
G H1213 (AR)	Off-the-Job Accident and Sickness Disability Master Policy
[R G1215 (AR)	Emergency Accident Master Rider
R G1216	On-the-Job Accident and Sickness Disability Income Master Rider
R G1218	Retroactive Injury Benefit Master Rider
R G1219	Spouse Accident-Only Disability Income Master Rider]

Policyholder: [Group Master Name] Policy Number: [Group Master Number]
Effective Date: []

DEFINITIONS

Actively at Work means performing the duties of the Employee's occupation for the Policyholder for a wage, salary or profit.

Actively Employed means the Employee must be working at least the number of hours required for benefit eligibility as shown on the Policyholder's application and performing the substantial and material duties of their regular occupation. Normal vacation or personal days are considered Actively Employed. However, if vacation or personal days are used to cover disability, sickness or injury, those days are not considered Actively Employed.

Beneficiary means the person named by the Employee in the application, or later changed as described in the Change of Beneficiary section.

Certificate means the Certificate issued to the Employee describing the terms of the Policy, to whom benefits will be paid and the limitations and conditions that apply.

Complication of Pregnancy means a condition when the pregnancy is not terminated, with diagnosis which is distinct from pregnancy, adversely affected by pregnancy or caused by pregnancy, and includes, but which is not limited to: acute nephritis, anemia of pregnancy, nephrosis, cardiac decompensation, incompetent cervix, missed abortion, placenta previa, puerperal infection and similar medical and surgical conditions of comparable severity. It also includes emergency Caesarean section delivery, ectopic pregnancy which is surgically terminated, spontaneous termination of pregnancy which occurs during a period of gestation when a viable birth is not possible, hyperemesis gravidarum (pernicious vomiting), pre-eclampsia and eclampsia. Complications of Pregnancy cease upon termination of the pregnancy.

Complication of Pregnancy does not include false labor, pre-term contractions of labor, advanced maternal age, occasional spotting, non-emergency Caesarean section delivery, postpartum depression, Physician prescribed rest during the period of pregnancy, morning sickness and similar conditions which, although associated with the management of a difficult pregnancy and back pain, are not medically classified as a distinct Complication of Pregnancy.

Concurrent Disabilities means disabilities occurring at the same time caused by more than one Sickness or Injury, whether they are related or not.

Covered Accident means an unforeseen event which (a) directly, independently of all other causes and exclusively results in an Injury, (b) occurs after the Certificate Issue Date, (c) occurs while the Certificate is in force and (d) is not excluded by name or specific description in the Certificate.

Due Date means the date renewal premiums are due.

Elimination Period means the number of consecutive days an Insured Person must be Totally Disabled before they are eligible to receive the Total Disability Monthly Benefit. We do not pay Total Disability Monthly Benefits during the Elimination Period.

Employee means the person who is named on the Certificate Schedule as the Insured Person and is Actively Employed with the Policyholder named in the Employee's application.

Grace Period means the 31-day period after a Due Date in which premiums can still be paid and are considered to have been paid on the Due Date.

Immediate Family means the spouse, father, mother, children or siblings of an Insured Person.

Injury(ies) means bodily harm that is caused solely by or is the result of a Covered Accident. All Injuries sustained in any one Covered Accident and all complications and reoccurrences of complications are considered to be a single Injury.

Insured Person(s) means the Employee or any other person(s) insured for the benefits of the Certificate or any attached certificate rider as listed on the Certificate Schedule, certificate rider Schedule, or as later amended.

Issue Date means the date an Insured Person first becomes insured for the benefits of the Certificate or any attached certificate riders as listed on the Certificate Schedule or certificate rider Schedule.

Maximum Benefit Period means the maximum period of time any combination of Total Disability Monthly Benefits and Partial Disability Monthly Benefits, if any, are paid as shown on the Certificate Schedule or certificate rider Schedule.

Mental or Nervous Disorder means any disorder listed in the Diagnostic and Statistical Manual of Mental Disorders (DSM), most current as of the date of disability, published by the American Psychiatric Association, excluding Alzheimer's disease, dementia, and organic brain damage caused by an accident or head trauma. If the DSM is discontinued or replaced, Mental/Nervous Disorder will include those disorders listed in the diagnostic manual then in use by the American Psychiatric Association as of the date of disability, excluding Alzheimer's disease, dementia and organic brain damage caused by an accident or head trauma.

Partial Disability and **Partially Disabled** mean a degree of disability due to a Sickness or Injury which:

- requires a Physician's care that is appropriate for the Sickness or Injury; and
- keeps the Employee from doing one or more, but not all, of the substantial and material duties of their occupation or results in the loss of 25% or more of the time spent by the Employee in the usual daily performance of the duties of their occupation.

Physician means a doctor of medicine or osteopathy who is duly licensed by the state medical board. Such Physician cannot be a member of an Insured Person's Immediate Family or business associate and must be providing services within the scope of his or her license/specialty. Practitioners other than those named above are not Physicians.

Policy means the group master Policy.

Policyholder means the entity on the Policy Schedule and Certificate Schedule.

Pre-existing Condition means a Sickness or physical condition for which, during the 12 months before the Certificate Issue Date, an Insured Person (a) had symptoms which would cause an ordinary prudent person to seek diagnosis, care or treat or (b) received medical consultation, advice or treatment from a Physician or had been prescribed medication.

Recurrent Total Disability means a situation in which the Employee becomes Totally Disabled, ceases to be Totally Disabled, then becomes Totally Disabled again from the same or related Sickness or Injury. The latter Total Disability will be considered a Recurrent Total Disability.

Reinstatement Date means the date We have both approved the Employee's reinstatement application and received any premiums due.

Sickness means an illness, disease or condition, including Complications of Pregnancy, of the Insured Person. Total Disability arising from pregnancy, pregnancy related conditions (other than Complications of Pregnancy), child birth, or other termination of pregnancy will be considered as a Sickness only if the Total Disability begins at least 10 months after the Certificate Issue Date.

Total Disability and **Totally Disabled** mean a disability due to a Sickness or Injury which occurs while the Employee is not Actively at Work and which (a) keeps the Employee from doing the substantial and material duties of their own occupation, (b) starts while the Certificate is in force, and (c) requires a Physician's care that is appropriate for the Sickness or Injury.

Monthly Benefits are not payable if (a) the disability is due to an Injury and begins more than 30 days after the Injury or (b) the Employee is working for wage, salary or profit during a period of Total Disability.

We, Us and **Our** mean Assurity Life Insurance Company.

PREMIUMS

Premium Payments. The first premium is due on the Certificate Issue Date. Premiums will include any certificate rider premiums. Premiums paid after the first premium are renewal premiums. We may change the premium rates after this Policy has been in force for 12 months, but not more than once in a 12-month period. If We change premium rates, We can only do so for all Certificates under this Policy. A 31-day notice will be given by mail to the Policyholder prior to any premium change.

Renewal premiums are due on the Due Date. The Certificate will lapse (will not be in force) if a renewal premium is not paid by the end of the Grace Period.

Grace Period. Premium must be paid during the Grace Period. The Certificate will remain in force during this time. The Grace Period does not apply if We receive notice to terminate the Certificate.

Reinstatement. If premium is not paid by the end of the Grace Period, the Certificate will lapse (will not be in force). If the Employee wants the Certificate reinstated (to be in force again), they must apply for reinstatement in writing to Our administrative office within one year of the Certificate lapsing. Their application for reinstatement requires Our approval. If their application for reinstatement is approved, the Certificate may be reinstated with payment of any premium due. The Certificate will be reinstated on the Reinstatement Date. If We have not already acted to approve or decline their application for reinstatement, the Certificate will be reinstated without approval 45 days after We receive their application for reinstatement.

The reinstated Certificate will only cover disabilities resulting from such Injury as may be sustained after the Reinstatement Date. The reinstated Certificate shall also cover disabilities due to such Sickness as may begin more than 10 days after the Reinstatement Date.

The reinstated Certificate is subject to a new Pre-existing Condition period starting on the Reinstatement Date.

Refund of Unearned Premium. If the Certificate terminates due to death, We will refund the portion of any premiums paid which were applied to periods following the date of the Employee's death.

Unpaid Premiums. When a claim is paid under the Certificate, any premium then due and unpaid may be deducted by Us from the claim payment and applied to the premium due. If the premium due is more than the amount payable for the claim, no benefit is payable.

TOTAL DISABILITY BENEFIT

Monthly Benefit Payment. We will pay the Total Disability Monthly Benefit if the Employee is Totally Disabled and the Elimination Period has been satisfied. We will pay Total Disability Monthly Benefits while the Employee is Totally Disabled or to the end of the Maximum Benefit Period, whichever is first. Total Disability Monthly Benefits will be paid for only one of two or more Concurrent Disabilities. A Total Disability from the same Sickness or Injury is subject to one Maximum Benefit Period. We will not pay for both Sickness and Injury for the same period of Total Disability.

A Recurrent Total Disability is considered a new Total Disability only if it is separated from the ending date of the prior Total Disability by a period of six consecutive months or more where the Employee is Actively Employed on a continuous basis and not receiving any disability monthly benefits under the Certificate or any certificate riders. A new Total Disability is subject to a new Elimination Period and starts a new Maximum Benefit Period. Any other Recurrent Total Disability is considered a continuation of a prior Total Disability. A continuation of a prior Total Disability is not subject to a new Elimination Period, nor does it result in the start of a new Maximum Benefit Period.

Total Disability for Part of a Month. If the Employee's Total Disability is payable for a period less than a full month, We will pay one-thirtieth (1/30) of the Total Disability Monthly Benefit for each day of Total Disability.

PARTIAL DISABILITY BENEFIT

Monthly Benefit Payment. We will pay the Partial Disability Monthly Benefit if the Employee is Partially Disabled and has resumed part-time employment immediately following a period where they received Total Disability Monthly Benefits. Partial Disability payments count toward the Maximum Benefit Period and shall not be paid for a period greater than the Maximum Partial Benefit Period. Partial Disability Monthly Benefits will be paid for only one of two or more Concurrent Disabilities.

Partial Disability for Part of a Month. If the Employee's Partial Disability is payable for a period less than a full month, We will pay one-thirtieth (1/30) of the Partial Disability Monthly Benefit for each day of Partial Disability.

WAIVER OF PREMIUM

We will begin to waive payment of the Employee's renewal premiums on the first premium Due Date after they have been Totally Disabled from a covered condition for 90 days or the duration of the Elimination Period, whichever is longer. Waiver of premium ends when they cease to be Totally Disabled or at the end of the Maximum Benefit Period, whichever is first. Premiums are not waived during a period of Partial Disability.

LIMITATIONS

Pre-existing Condition. We will not pay benefits for a Total Disability that is caused by a Pre-existing Condition unless the Total Disability starts after the Certificate has been in force for 12 months from the Certificate Issue Date or for 12 months from the most recent Reinstatement Date.

Foreign Travel. We will pay up to a maximum of three disability monthly benefits for any disability sustained or continued outside the United States or Canada.

EXCLUSIONS

We will not pay benefits for conditions that are caused by or are the result of any Insured Person(s):

- operating, learning to operate, or serving as a crew member of any aircraft;
- engaging in hang-gliding, hot air ballooning, bungee jumping, parachuting, scuba diving, sail gliding, parasailing or parakiting or similar activities;
- riding in or driving any motor-driven vehicle in an organized race, stunt show or speed test;
- officiating, coaching, practicing for or participating in any semi-professional or professional competitive athletic contest for which any type of compensation or remuneration is received;
- being exposed to war or any act of war, declared or undeclared;
- actively serving in any of the armed forces, or units auxiliary thereto, including the National Guard or Army Reserve, except during active duty training of less than 60 days;
- suffering from a Mental or Nervous Disorder;
- being addicted to drugs or suffering from alcoholism;
- being under the influence of an excitant, depressant, hallucinogen, narcotic, or any other drug or intoxicant, including those prescribed by a Physician that are misused;
- being intoxicated (as determined by the laws governing the operation of motor vehicles in the jurisdiction where loss occurs) or under the influence of an illegal substance or a narcotic (except for narcotics used as prescribed to the Insured Person by a Physician);
- having cosmetic surgery or other elective procedures that are not medically necessary;
- having dental treatment;
- committing or attempting to commit a felony;
- being incarcerated or is caused while incarcerated in a penal institution or government detention facility;
- driving any taxi for wage, compensation or profit;
- engaging in an illegal activity or occupation;
- intentionally self-inflicting an Injury; or
- committing or attempting to commit suicide, while sane or insane.

TERMINATION

Termination of Policy. Coverage will terminate and no benefits will be payable under this Policy, any Certificate or any attached riders when either the Policyholder or We cancel this Policy upon giving at least 61 days written notice to the other. We will not cancel this Policy prior to the end of the first year following the Policy Effective Date.

Termination of Certificate. Coverage will terminate and no benefits will be payable under the Certificate or any attached certificate riders on the earliest of the following:

- the date this Policy terminates;
- the date the Employee no longer meets the definition of Employee;
- when any premium due for the Certificate is not paid before the end of the Grace Period;

- the date We receive from the Employee or the Policyholder written notice to terminate the Certificate unless the notice specifies a later date;
- when the Employee establishes residence in a foreign country; or
- upon the Employee's death.

Continuation. Coverage may continue under the Certificate when the Employee ceases to be employed with the Policyholder. The Certificate must be in force for at least six consecutive months before employment terminates. Coverage may continue if the Employee is not:

- currently disabled;
- on a leave of absence;
- retiring; or
- covered under another group disability policy.

The Employee's written request and the first premium payment for the continuation of coverage must be received in Our administrative office within 90 days of the Employee's termination date.

The continued coverage will provide the Employee the same coverage provided under the Certificate at the time employment terminated. Continued coverage will terminate on the earliest of the following:

- 12 months from the Employee's termination date;
- when the Employee retires;
- the date the Employee becomes covered under another group disability policy;
- the date this Policy terminates;
- when any premium due for the Certificate is not paid before the end of the Grace Period;
- the date We receive from the Employee written notice to terminate the Certificate unless the notice specifies a later date;
- when the Employee establishes residence in a foreign county; or
- upon the Employee's death.

CLAIM PROCEDURES

Notice of Claim. Written notice of claim must be given to Us within 20 calendar days after a loss covered by the Certificate occurs, or as soon as reasonably possible, subject to the Proof of Loss section. Notice must be given to Us at Assurity Life Insurance Company, P.O. Box 82533, Lincoln, Nebraska 68501-2533. The notice should include the Insured Person's name and Certificate number as shown on the Certificate Schedule. Notice should also include the name and address of the individual submitting the notice along with a description of their relationship to the Insured Person, if different, and a statement that payment of a claim is being requested.

Claim Forms. When We receive a notice of claim, We will send the Employee the forms for filing the required proof of loss. If We do not send these forms within 15 calendar days, it shall be deemed that the Employee met the proof of loss requirement by giving Us written proof of the cause, nature and extent of the loss within the time limit stated in the Proof of Loss section.

Proof of Loss. Written proof of loss satisfactory to Us must be given to Us within 120 calendar days after such loss. If it is not possible to give written proof in the time required, We will not reduce or deny the claim for this reason if such proof is filed as soon as reasonably possible. In any event, the proof required must be given to Us no later than one year after such loss unless the Employee is legally incapacitated. Written proof of loss includes all information We reasonably request, and may include, the date disability began and the cause of the disability and prognosis. Proof may include the Insured Person's pre-disability income, including tax returns and supporting income information and any proof that the Insured Person is under the care of a Physician. All medical records, including diagnostic exams, lab results and treatment notes/summaries, and pharmacy records where the Insured Person fills prescriptions may also be included.

Additional Proof of Loss. To assist Us in determining if the Insured Person is or remains disabled, We have the right, at Our expense, to require the Insured Person to provide an interview to Our representative(s) and undergo examination by a Physician, vocational expert, or other medical or vocational professional that We select. Any such additional proof of loss must be satisfactory to Us.

Time of Payment of Claim. Benefits for any loss covered by the Certificate will be paid after We receive written proof satisfactory to Us and all other provisions herein are met. We will pay the Total Disability Monthly Benefit or Partial Disability Monthly Benefit at the end of the month for which it is due.

Time of Loss. Benefits will be paid only for a loss which occurs while the Certificate is in force. Termination of the Certificate will not affect any claim for disability, provided that the Total Disability begins prior to termination of the Certificate and within 30 days after the date of the Injury or Sickness causing the disability.

Payment of Claim. All benefits will be paid to the Employee if living or to the Employee's Beneficiary. If no Beneficiary is living, benefits will be paid to the Employee's estate. If benefits are payable to the Employee's estate, We may pay up to \$1,000 to any relative of the Employee who We find is entitled to it. Any payment made in good faith will fully discharge Us to the extent of the payment.

Overpayment Reimbursement. We have the right to recoup or recover any overpayment We make, for any reason, in processing a claim. We must be reimbursed in full for the amount of the overpayment.

Claim Review. If We deny a claim, We will provide written notice of Our reason(s) for the denial and the provision(s) herein that We relied upon. You have the right to ask Us to review the claim on appeal and the right to submit additional information to Us that might change Our decision.

Appeal, if Governed by ERISA. If this policy provides coverage under an employee welfare benefit plan governed by the Employee Retirement Income Security Act (ERISA), 29 U.S.C. 1001 et seq., prior to filing any lawsuit against Us, You or Your Beneficiary (if You are deceased) must complete an appeal. The appeal request must be in writing and must be made within 180 days after receipt of Our denial decision. We will provide written notice of Our decision on appeal.

GENERAL PROVISIONS

Application Statement. No statement will void the Certificate or any attached certificate riders, or be used to deny a claim unless the Employee made the statement in their application, which includes any papers signed or information provided to get the Certificate.

In the absence of fraud, statements made in the Employee's application, which includes any papers signed or information provided to get the Certificate, are deemed representations and not warranties. Representations are statements that, to the best of the Employee's knowledge and understanding, represent the truth. Warranties are statements that are guaranteed to be true. If We considered the Employee's statements as warranties, We could cancel their Certificate for any inaccuracy – even an honest mistake.

Agency. Neither the Policyholder, any employer, any associated company, nor any administrator appointed by the foregoing is Our agent. We are not liable for any of their acts or omissions.

Assignment. The Employee can transfer, or assign, some or all of their Certificate rights to someone else by making a contract with that person. We are not responsible for the validity of any assignment of the Certificate, nor are We bound by any assignment until We receive a copy of the assignment at Our office.

Certificates. We will send the Certificates to the Policyholder to give to each Employee. The Certificates will state the insurance to which an Insured Person is entitled. It does not change the provisions of this Policy.

Change of Beneficiary. The Employee may change the Beneficiary by completing and signing a form provided by Us for changing a Beneficiary and returning the form to Our administrative office for Our written acknowledgement.

Naming a new Beneficiary voids any prior designation unless stated otherwise in the new designation.

When We furnish written acknowledgement of the change of Beneficiary, the change becomes effective on the date the Employee signed Our form. We are not liable for payments made or action taken prior to Our written acknowledgement of the Beneficiary change.

Conformity with State and Federal Law. The laws of the federal government and state in which the Employee resides on the Certificate Issue Date apply. If this Policy conflicts with the laws of the federal government or the state in which the Employee resides on the Certificate Issue Date, it is considered changed to meet those laws. The change will be to the law's minimum requirement.

Duty of Cooperation. The Employee and any Beneficiary shall reasonably cooperate during any investigation or adjudication of a claim. This cooperation shall include providing information We request and authorizing the release of medical records to Us.

Entire Contract; Changes. The entire contract consists of this Policy and the Certificates, which includes the Policyholder's and Employee's applications and any riders, endorsements, amendments or any other papers We have attached. No change in this Policy or the Certificates will be effective until approved by one of Our officers and unless such approval is endorsed and attached to this Policy or the Certificates. No sales representative has authority to change this Policy or the Certificates or to waive any of the provisions.

Legal Action. Neither the Policyholder nor the Employee can bring a legal action to recover benefits under this Policy for at least 60 days after the Policyholder or Employee has given Us written proof of loss. Neither the Policyholder nor the Employee can start such an action more than three years after the date proof of loss is required.

Misstatement of Age. If the age of any Insured Person has been misstated, an adjustment in premiums, coverage, or both, will be made based on the Insured Person's correct age. If, according to the correct age, the coverage provided would not have become effective, or would have ceased, Our only liability during the period in which the Insured Person was not eligible for coverage, shall be limited to the refund, upon written request to Our administrative office, of premiums paid for such period.

Misstatement of Income. If the Employee's income has been misstated, an adjustment in premiums, coverage, or both, will be made based on the income at the time of application. No misstatement of income will continue insurance otherwise validly terminated or terminate insurance otherwise validly in force. If, according to the Employee's correct income, the coverage provided would not have become effective, Our only liability shall be limited to the refund, upon written request to Our administrative office, of premiums paid.

Physical Examination and Autopsy. We have the right to have an Insured Person examined when and as often as is reasonable while a claim is pending and to have an autopsy performed where it is not forbidden by law. If We initiate the request, either or both will be done at Our expense.

Time Limit on Certain Defenses. After three years from the Certificate Issue Date, excluding any time an Insured Person was Totally Disabled, We cannot use misstatements, except fraudulent misstatements, in the Employee's application (which includes any papers signed or information provided to get the Certificate) to void coverage or deny a claim for loss that happens after the three-year period.

After three years from the last Reinstatement Date, excluding any time an Insured Person was Totally Disabled, We cannot use misstatements, except fraudulent misstatements, in the Employee's reinstatement application (which includes any papers signed or information provided to reinstate the Certificate) to void coverage or deny a claim for loss that happens after the three-year period.

No claim for loss incurred after three years from the Certificate Issue Date, shall be reduced or denied on the ground that a disease or physical condition not excluded from coverage by name or specific description existing on the date of loss had existed prior to the effective date of coverage of the Certificate.

Time of Coverage. Coverage starts on the Certificate Issue Date at 12:01 a.m., in the time zone of the Certificate's issue state. It ends at 12:01 a.m. in the same time zone on the renewal date, subject to the Grace Period. Each time the Certificate is renewed, the new term begins when the old term ends.

Workers' Compensation. This Policy is not in place of, and does not affect any state's requirements for coverage by Workers' Compensation insurance.

OFF-THE-JOB ACCIDENT AND SICKNESS DISABILITY INCOME MASTER POLICY

Company may change premium rates

READ THIS POLICY CAREFULLY

**ASSURITY® LIFE INSURANCE COMPANY**

Post Office Box 82533, Lincoln, NE 68501-2533

(402) 476-6500 • (800) 869-0355 • www.assurity.com

**Off-the-Job Accident and
Sickness Disability Income
Certificate of Insurance**

This Certificate is a part of the Policy that is a legal contract between the group Policyholder and Us (Assurity Life Insurance Company, a stock company). We issue this Certificate based on Your application and payment of premium when due. The Policy alone is the only contract under which payment will be made. Any difference between the Policy and this Certificate will be settled according to the provisions of the Policy.

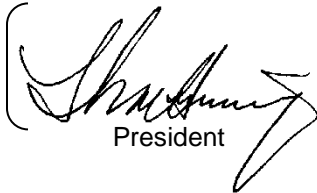
RIGHT TO EXAMINE

You may cancel this Certificate within 30 days of the Certificate Issue Date by returning this Certificate to Our administrative office. As soon as this Certificate is received by Us, it is treated as if it was never issued. Your premium payment will be refunded when We receive this Certificate.

RIGHT TO CANCEL

After the 30-day period specified in the Right to Examine section, You may cancel this Certificate by notifying Us in writing that You wish to do so. This Certificate will be cancelled effective as of the end of the period for which premiums have been paid unless Your notice specifies a later date. Cancellation of this Certificate will be without prejudice to any claim made prior to termination.

Assurity Life Insurance Company has signed this Certificate on the Issue Date.


President
Secretary

**Important Cancellation Information – Please read the
“Right to Cancel” and “Termination” sections.**

Company may change premium rates

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SCHEDULE

FORM NO.	FORM NAME	INITIAL ANNUAL PREMIUM
G H1213C (AR)	Off-the-Job Accident and Sickness Disability Income Certificate of Insurance	\$[]
	Total Disability Monthly Benefit: \$[300 - 5,000] Maximum Benefit Period: [3, 6, 12, 24] months Elimination Period – Accident: [0, 7, 14, 30, 60, 90, 180] consecutive days Elimination Period – Sickness: [7, 14, 30, 60, 90, 180] consecutive days Partial Disability Monthly Benefit: \$[150 – 2,500] Maximum Partial Benefit Period: [3 or 6] months	
[R G1215C (AR)	Emergency Accident Certificate Rider	\$[]
R G1216C	On-the-Job Accident and Sickness Disability Income Certificate Rider	\$[]
R G1218C	Retroactive Injury Benefit Certificate Rider	\$[]
R G1219C	Spouse Accident-Only Disability Income Certificate Rider	\$[]

Policyholder:	[Group Master Name	]	Policy Number:	[Group Master Number]
Insured Person:	[	]	Certificate Number:	[]
Issue Age:	[	]	Issue Date:	[]
			Initial Premium:	[]
			Premium Mode:	[]

DEFINITIONS

Actively at Work means performing the duties of Your occupation for the Policyholder for a wage, salary or profit.

Actively Employed means You must be working at least the number of hours required for benefit eligibility as shown on the Policyholder's application and performing the substantial and material duties of Your regular occupation. Normal vacation or personal days are considered Actively Employed. However, if vacation or personal days are used to cover disability, sickness or injury, those days are not considered Actively Employed.

Beneficiary means the person named by You in the application, or later changed as described in the Change of Beneficiary section.

Certificate means the Certificate issued to the Employee describing the terms of the Policy, to whom benefits will be paid and the limitations and conditions that apply.

Complication of Pregnancy means a condition when the pregnancy is not terminated, with diagnosis which is distinct from pregnancy, adversely affected by pregnancy or caused by pregnancy, and includes, but which is not limited to: acute nephritis, anemia of pregnancy, nephrosis, cardiac decompensation, incompetent cervix, missed abortion, placenta previa, puerperal infection and similar medical and surgical conditions of comparable severity. It also includes emergency Caesarean section delivery, ectopic pregnancy which is surgically terminated, spontaneous termination of pregnancy which occurs during a period of gestation when a viable birth is not possible, hyperemesis gravidarum (pernicious vomiting), pre-eclampsia and eclampsia. Complications of Pregnancy cease upon termination of the pregnancy.

Complication of Pregnancy does not include false labor, pre-term contractions of labor, advanced maternal age, occasional spotting, non-emergency Caesarean section delivery, postpartum depression, Physician prescribed rest during the period of pregnancy, morning sickness and similar conditions which, although associated with the management of a difficult pregnancy and back pain, are not medically classified as a distinct Complication of Pregnancy.

Concurrent Disabilities means disabilities occurring at the same time caused by more than one Sickness or Injury, whether they are related or not.

Covered Accident means an unforeseen event which (a) directly, independently of all other causes and exclusively results in an Injury, (b) occurs after the Certificate Issue Date, (c) occurs while this Certificate is in force and (d) is not excluded by name or specific description in this Certificate.

Due Date means the date renewal premiums are due.

Elimination Period means the number of consecutive days an Insured Person must be Totally Disabled before they are eligible to receive the Total Disability Monthly Benefit. We do not pay Total Disability Monthly Benefits during the Elimination Period.

Employee means the person who is named on the Certificate Schedule as the Insured Person and is Actively Employed with the Policyholder named in Your application.

Grace Period means the 31-day period after a Due Date in which premiums can still be paid and are considered to have been paid on the Due Date.

Immediate Family means the spouse, father, mother, children or siblings of an Insured Person.

Injury(ies) means bodily harm that is caused solely by or is the result of a Covered Accident. All Injuries sustained in any one Covered Accident and all complications and reoccurrences of complications are considered to be a single Injury.

Insured Person(s) means You or any other person(s) insured for the benefits of this Certificate or any attached certificate rider as listed on the Certificate Schedule, certificate rider Schedule, or as later amended.

Issue Date means the date an Insured Person first becomes insured for the benefits of this Certificate or any attached certificate riders as listed on the Certificate Schedule or certificate rider Schedule.

Maximum Benefit Period means the maximum period of time any combination of Total Disability Monthly Benefits and Partial Disability Monthly Benefits, if any, are paid as shown on the Certificate Schedule or certificate rider Schedule.

Mental or Nervous Disorder means any disorder listed in the Diagnostic and Statistical Manual of Mental Disorders (DSM), most current as of the date of disability, published by the American Psychiatric Association, excluding Alzheimer's disease, dementia, and organic brain damage caused by an accident or head trauma. If the DSM is discontinued or replaced, Mental/Nervous Disorder will include those disorders listed in the diagnostic manual then in use by the American Psychiatric Association as of the date of disability, excluding Alzheimer's disease, dementia and organic brain damage caused by an accident or head trauma.

Partial Disability and **Partially Disabled** mean a degree of disability due to a Sickness or Injury which:

- requires a Physician's care that is appropriate for the Sickness or Injury; and
- keeps You from doing one or more, but not all, of the substantial and material duties of Your occupation or results in the loss of 25% or more of the time spent by You in the usual daily performance of the duties of Your occupation.

Physician means a doctor of medicine or osteopathy who is duly licensed by the state medical board. Such Physician cannot be a member of an Insured Person's Immediate Family or business associate and must be providing services within the scope of his or her license/specialty. Practitioners other than those named above are not Physicians.

Policy means the group master Policy.

Policyholder means the entity on the Policy Schedule and Certificate Schedule.

Pre-existing Condition means a Sickness or physical condition for which, during the 12 months before the Certificate Issue Date, an Insured Person (a) had symptoms which would cause an ordinary prudent person to seek diagnosis, care or treat or (b) received medical consultation, advice or treatment from a Physician or had been prescribed medication.

Recurrent Total Disability means a situation in which You become Totally Disabled, cease to be Totally Disabled, then become Totally Disabled again from the same or related Sickness or Injury. The latter Total Disability will be considered a Recurrent Total Disability.

Reinstatement Date means the date We have both approved Your reinstatement application and received any premiums due.

Sickness means an illness, disease or condition, including Complications of Pregnancy, of the Insured Person. Total Disability arising from pregnancy, pregnancy related conditions (other than Complications of Pregnancy), child birth, or other termination of pregnancy will be considered as a Sickness only if the Total Disability begins at least 10 months after the Certificate Issue Date.

Total Disability and **Totally Disabled** mean a disability due to a Sickness or Injury which occurs while You are not Actively at Work and which (a) keeps You from doing the substantial and material duties of Your own occupation, (b) starts while this Certificate is in force, and (c) requires a Physician's care that is appropriate for the Sickness or Injury.

Monthly Benefits are not payable if (a) the disability is due to an Injury and begins more than 30 days after the Injury or (b) You are working for wage, salary or profit during a period of Total Disability.

We, Us and **Our** mean Assurity Life Insurance Company.

You and **Your** mean the Employee who is the Insured Person listed on the Certificate Schedule.

PREMIUMS

Premium Payments. The first premium is due on the Certificate Issue Date. Premiums will include any certificate rider premiums. Premiums paid after the first premium are renewal premiums. We may change the premium rates after the Policy has been in force for 12 months, but not more than once in a 12-month period. If We change premium rates, We can only do so for all Certificates under the Policy. A 31-day notice will be given by mail to the Policyholder prior to any premium change.

Renewal premiums are due on the Due Date. This Certificate will lapse (will not be in force) if a renewal premium is not paid by the end of the Grace Period.

Grace Period. Premium must be paid during the Grace Period. This Certificate will remain in force during this time. The Grace Period does not apply if We receive notice to terminate this Certificate.

Reinstatement. If premium is not paid by the end of the Grace Period, this Certificate will lapse (will not be in force). If You want this Certificate reinstated (to be in force again), You must apply for reinstatement in writing to Our administrative office within one year of this Certificate lapsing. Your application for reinstatement requires Our approval. If Your application for reinstatement is approved, this Certificate may be reinstated with payment of any premium due. This Certificate will be reinstated on the Reinstatement Date. If We have not already acted to approve or decline Your application for reinstatement, this Certificate will be reinstated without approval 45 days after We receive Your application for reinstatement.

The reinstated Certificate will only cover disabilities resulting from such Injury as may be sustained after the Reinstatement Date. The reinstated Certificate shall also cover disabilities due to such Sickness as may begin more than 10 days after the Reinstatement Date.

The reinstated Certificate is subject to a new Pre-existing Condition period starting on the Reinstatement Date.

Refund of Unearned Premium. If this Certificate terminates due to death, We will refund the portion of any premiums paid which were applied to periods following the date of Your death.

Unpaid Premiums. When a claim is paid under this Certificate, any premium then due and unpaid may be deducted by Us from the claim payment and applied to the premium due. If the premium due is more than the amount payable for the claim, no benefit is payable.

TOTAL DISABILITY BENEFIT

Monthly Benefit Payment. We will pay the Total Disability Monthly Benefit if You are Totally Disabled and the Elimination Period has been satisfied. We will pay Total Disability Monthly Benefits while You are Totally Disabled or to the end of the Maximum Benefit Period, whichever is first. Total Disability Monthly Benefits will be paid for only one of two or more Concurrent Disabilities. A Total Disability from the same Sickness or Injury is subject to one Maximum Benefit Period. We will not pay for both Sickness and Injury for the same period of Total Disability.

A Recurrent Total Disability is considered a new Total Disability only if it is separated from the ending date of the prior Total Disability by a period of six consecutive months or more where You are Actively Employed on a continuous basis and not receiving any disability monthly benefits under this Certificate or any certificate riders. A new Total Disability is subject to a new Elimination Period and starts a new Maximum Benefit Period. Any other Recurrent Total Disability is considered a continuation of a prior Total Disability. A continuation of a prior Total Disability is not subject to a new Elimination Period, nor does it result in the start of a new Maximum Benefit Period.

Total Disability for Part of a Month. If Your Total Disability is payable for a period less than a full month, We will pay one-thirtieth (1/30) of the Total Disability Monthly Benefit for each day of Total Disability.

PARTIAL DISABILITY BENEFIT

Monthly Benefit Payment. We will pay the Partial Disability Monthly Benefit if You are Partially Disabled and have resumed part-time employment immediately following a period where You received Total Disability Monthly Benefits. Partial Disability payments count toward the Maximum Benefit Period and shall not be paid for a period greater than the Maximum Partial Benefit Period. Partial Disability Monthly Benefits will be paid for only one of two or more Concurrent Disabilities.

Partial Disability for Part of a Month. If Your Partial Disability is payable for a period less than a full month, We will pay one-thirtieth (1/30) of the Partial Disability Monthly Benefit for each day of Partial Disability.

WAIVER OF PREMIUM

We will begin to waive payment of Your renewal premiums on the first premium Due Date after You have been Totally Disabled from a covered condition for 90 days or the duration of the Elimination Period, whichever is longer. Waiver of premium ends when You cease to be Totally Disabled or at the end of the Maximum Benefit Period, whichever is first. Premiums are not waived during a period of Partial Disability.

LIMITATIONS

Pre-existing Condition. We will not pay benefits for a Total Disability that is caused by a Pre-existing Condition unless the Total Disability starts after this Certificate has been in force for 12 months from the Certificate Issue Date or for 12 months from the most recent Reinstatement Date.

Foreign Travel. We will pay up to a maximum of three disability monthly benefits for any disability sustained or continued outside the United States or Canada.

EXCLUSIONS

We will not pay benefits for conditions that are caused by or are the result of any Insured Person(s):

- operating, learning to operate, or serving as a crew member of any aircraft;
- engaging in hang-gliding, hot air ballooning, bungee jumping, parachuting, scuba diving, sail gliding, parasailing or parakiting or similar activities;
- riding in or driving any motor-driven vehicle in an organized race, stunt show or speed test;
- officiating, coaching, practicing for or participating in any semi-professional or professional competitive athletic contest for which any type of compensation or remuneration is received;
- being exposed to war or any act of war, declared or undeclared;
- actively serving in any of the armed forces, or units auxiliary thereto, including the National Guard or Army Reserve, except during active duty training of less than 60 days;
- suffering from a Mental or Nervous Disorder;
- being addicted to drugs or suffering from alcoholism;
- being under the influence of an excitant, depressant, hallucinogen, narcotic, or any other drug or intoxicant, including those prescribed by a Physician that are misused;
- being intoxicated (as determined by the laws governing the operation of motor vehicles in the jurisdiction where loss occurs) or under the influence of an illegal substance or a narcotic (except for narcotics used as prescribed to the Insured Person by a Physician);
- having cosmetic surgery or other elective procedures that are not medically necessary;
- having dental treatment;
- committing or attempting to commit a felony;
- being incarcerated or is caused while incarcerated in a penal institution or government detention facility;
- driving any taxi for wage, compensation or profit;
- engaging in an illegal activity or occupation;
- intentionally self-inflicting an Injury; or
- committing or attempting to commit suicide, while sane or insane.

TERMINATION

Coverage will terminate and no benefits will be payable under this Certificate or any attached certificate riders on the earliest of the following:

- the date the Policy terminates;
- the date You no longer meet the definition of Employee;
- when any premium due for this Certificate is not paid before the end of the Grace Period;
- the date We receive from You or the Policyholder written notice to terminate this Certificate unless the notice specifies a later date;
- when You establish residence in a foreign country; or
- upon Your death.

Continuation. Coverage may continue under this Certificate when Your employment with the Policyholder terminates. This Certificate must be in force for at least six consecutive months before employment terminates. Coverage may continue if You are not:

- currently disabled;
- on a leave of absence;
- retiring; or
- covered under another group disability policy.

Your written request and the first premium payment for the continuation of coverage must be received in Our administrative office within 90 days of Your employment termination date.

The continued coverage will provide You the same coverage provided under this Certificate at the time Your employment terminated. Continued coverage will terminate on the earliest of the following:

- 12 months from Your employment termination date;
- when You retire;
- the date You become covered under another group disability policy;
- the date the Policy terminates;
- when any premium due for this Certificate is not paid before the end of the Grace Period;
- the date We receive from You written notice to terminate this Certificate unless the notice specifies a later date;
- when You establish residence in a foreign county; or
- upon Your death.

CLAIM PROCEDURES

Notice of Claim. Written notice of claim must be given to Us within 20 calendar days after a loss covered by this Certificate occurs, or as soon as reasonably possible, subject to the Proof of Loss section. Notice must be given to Us at Assurity Life Insurance Company, P.O. Box 82533, Lincoln, Nebraska 68501-2533. The notice should include the Insured Person's name and Certificate number as shown on the Certificate Schedule. Notice should also include the name and address of the individual submitting the notice along with a description of their relationship to the Insured Person, if different, and a statement that payment of a claim is being requested.

Claim Forms. When We receive a notice of claim, We will send You the forms for filing the required proof of loss. If We do not send these forms within 15 calendar days, it shall be deemed You met the proof of loss requirement by giving Us written proof of the cause, nature and extent of the loss within the time limit stated in the Proof of Loss section.

Proof of Loss. Written proof of loss satisfactory to Us must be given to Us within 120 calendar days after such loss. If it is not possible to give written proof in the time required, We will not reduce or deny the claim for this reason if such proof is filed as soon as reasonably possible. In any event, the proof required must be given to Us no later than one year after such loss unless You are legally incapacitated. Written proof of loss includes all information We reasonably request, and may include, the date disability began and the cause of the disability and prognosis. Proof may include the Insured Person's pre-disability income, including tax returns and supporting income information and any proof that the Insured Person is under the care of a Physician. All medical records, including diagnostic exams, lab results and treatment notes/summaries, and pharmacy records where the Insured Person fills prescriptions may also be included.

Additional Proof of Loss. To assist Us in determining if the Insured Person is or remains disabled, We have the right, at Our expense, to require the Insured Person to provide an interview to Our representative(s) and undergo examination by a Physician, vocational expert, or other medical or vocational professional that We select. Any such additional proof of loss must be satisfactory to Us.

Time of Payment of Claim. Benefits for any loss covered by this Certificate will be paid after We receive written proof satisfactory to Us and all other provisions herein are met. We will pay the Total Disability Monthly Benefit or Partial Disability Monthly Benefit at the end of the month for which it is due.

Time of Loss. Benefits will be paid only for a loss which occurs while this Certificate is in force. Termination of this Certificate will not affect any claim for disability, provided that the Total Disability begins prior to termination of this Certificate and within 30 days after the date of the Injury or Sickness causing the disability.

Payment of Claim. All benefits will be paid to You if living or to Your Beneficiary. If no Beneficiary is living, benefits will be paid to Your estate. If benefits are payable to Your estate, We may pay up to \$1,000 to any relative of Yours who We find is entitled to it. Any payment made in good faith will fully discharge Us to the extent of the payment.

Overpayment Reimbursement. We have the right to recoup or recover any overpayment We make, for any reason, in processing a claim. We must be reimbursed in full for the amount of the overpayment.

Claim Review. If We deny a claim, We will provide written notice of Our reason(s) for the denial and the provision(s) herein that We relied upon. You have the right to ask Us to review the claim on appeal and the right to submit additional information to Us that might change Our decision.

Appeal, if Governed by ERISA. If this policy provides coverage under an employee welfare benefit plan governed by the Employee Retirement Income Security Act (ERISA), 29 U.S.C. 1001 et seq., prior to filing any lawsuit against Us, You or Your Beneficiary (if You are deceased) must complete an appeal. The appeal request must be in writing and must be made within 180 days after receipt of Our denial decision. We will provide written notice of Our decision on appeal.

GENERAL PROVISIONS

Application Statement. No statement will void this Certificate or any attached certificate riders, or be used to deny a claim unless You made the statement in Your application, which includes any papers signed or information provided to get this Certificate.

In the absence of fraud, statements made in Your application, which includes any papers signed or information provided to get this Certificate, are deemed representations and not warranties. Representations are statements that, to the best of Your knowledge and understanding, represent the truth. Warranties are statements that are guaranteed to be true. If We considered Your statements as warranties, We could cancel this Certificate for any inaccuracy – even an honest mistake.

Agency. Neither the Policyholder, any employer, any associated company, nor any administrator appointed by the foregoing is Our agent. We are not liable for any of their acts or omissions.

Assignment. You can transfer, or assign, some or all of Your Certificate rights to someone else by making a contract with that person. We are not responsible for the validity of any assignment of this Certificate, nor are We bound by any assignment until We receive a copy of the assignment at Our office.

Change of Beneficiary. You may change the Beneficiary by completing and signing a form provided by Us for changing a Beneficiary and returning the form to Our administrative office for Our written acknowledgement.

Naming a new Beneficiary voids any prior designation unless stated otherwise in the new designation.

When We furnish You written acknowledgement of the change of Beneficiary, the change becomes effective on the date You signed Our form. We are not liable for payments made or action taken prior to Our written acknowledgement of the Beneficiary change.

Conformity with State and Federal Law. The laws of the federal government and Your state of residence on the Certificate Issue Date apply. If the Policy or this Certificate conflicts with the laws of the federal government or Your state on the Certificate Issue Date, it is considered changed to meet those laws. The change will be to the law's minimum requirement.

Duty of Cooperation. You and any Beneficiary shall reasonably cooperate during any investigation or adjudication of a claim. This cooperation shall include providing information We request and authorizing the release of medical records to Us.

Entire Contract; Changes. The entire contract consists of the Policy and this Certificate, which includes the Policyholder's and Your application and any riders, endorsements, amendments or any other papers We have attached. No change in the Policy or this Certificate will be effective until approved by one of Our officers and unless such approval is endorsed and attached to the Policy or this Certificate. No sales representative has authority to change the Policy or this Certificate or to waive any of its provisions.

Legal Action. You cannot bring a legal action to recover benefits under this Certificate for at least 60 days after You have given Us written proof of loss. You cannot start such an action more than three years after the date proof of loss is required.

Misstatement of Age. If the age of any Insured Person has been misstated, an adjustment in premiums, coverage, or both, will be made based on the Insured Person's correct age. If, according to the correct age, the coverage provided would not have become effective, or would have ceased, Our only liability during the period in which the Insured Person was not eligible for coverage, shall be limited to the refund, upon written request to Our administrative office, of premiums paid for such period.

Misstatement of Income. If Your income has been misstated, an adjustment in premiums, coverage, or both, will be made based on the income at the time of application. No misstatement of income will continue insurance otherwise validly terminated or terminate insurance otherwise validly in force. If, according to Your correct income, the coverage provided would not have become effective, Our only liability shall be limited to the refund, upon written request to Our administrative office, of premiums paid.

Physical Examination and Autopsy. We have the right to have an Insured Person examined when and as often as is reasonable while a claim is pending and to have an autopsy performed where it is not forbidden by law. If We initiate the request, either or both will be done at Our expense.

Time Limit on Certain Defenses. After three years from the Certificate Issue Date, excluding any time an Insured Person was Totally Disabled, We cannot use misstatements, except fraudulent misstatements, in Your application (which includes any papers signed or information provided to get this Certificate) to void coverage or deny a claim for loss that happens after the three-year period.

After three years from the last Reinstatement Date, excluding any time an Insured Person was Totally Disabled, We cannot use misstatements, except fraudulent misstatements, in Your reinstatement application (which includes any papers signed or information provided to reinstate this Certificate) to void coverage or deny a claim for loss that happens after the three-year period.

No claim for loss incurred after three years from the Certificate Issue Date, shall be reduced or denied on the ground that a disease or physical condition not excluded from coverage by name or specific description existing on the date of loss had existed prior to the effective date of coverage of this Certificate.

Time of Coverage. Coverage starts on the Certificate Issue Date at 12:01 a.m., in the time zone of Your permanent residence. It ends at 12:01 a.m. in the same time zone on the renewal date, subject to the Grace Period. Each time this Certificate is renewed, the new term begins when the old term ends.

Workers' Compensation. This Certificate is not in place of, and does not affect any state's requirements for coverage by Workers' Compensation insurance.

OFF-THE-JOB ACCIDENT AND SICKNESS DISABILITY INCOME CERTIFICATE OF INSURANCE

Company may change premium rates

READ YOUR CERTIFICATE CAREFULLY

**ASSURITY® LIFE INSURANCE COMPANY**

Post Office Box 82533, Lincoln, NE 68501-2533
(402) 476-6500 • (800) 869-0355 • www.assurity.com

**Off-the-Job
Accident-Only Disability
Income Master Policy**

This Policy is a legal contract between the group Policyholder and Us (Assurity Life Insurance Company, a stock company). We issue this Policy and the Certificates based on the Policyholder's and the Employee's applications and payment of premium when due. This Policy alone is the only contract under which payment will be made. Any difference between this Policy and the Certificate will be settled according to the provisions of this Policy.

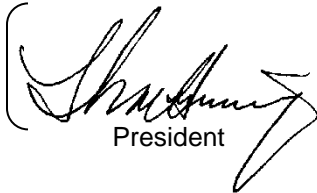
RIGHT TO EXAMINE

Each Certificate may be cancelled within 30 days of the Certificate Issue Date by returning the Certificate to Our administrative office. As soon as the Certificate is received by Us, it is treated as if it was never issued. Any premium payment will be refunded when We receive the Certificate.

RIGHT TO CANCEL

After the 30-day period specified in the Right to Examine section, each Employee may cancel their Certificate by notifying Us in writing to do so. The Certificate will be cancelled effective as of the end of the period for which premiums have been paid unless the notice specifies a later date. Cancellation of the Certificate will be without prejudice to any claim made prior to termination.

Assurity Life Insurance Company has signed this Policy on the Effective Date.


President


Secretary

**Important Cancellation Information – Please read the
“Right to Cancel” and “Termination” sections.**

Company may change premium rates

Representative: [Alex Agent]
Address: [123 Any Boulevard]
[Anytown xx 12345-6789]

Telephone: [(123) 456-7890]

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SCHEDULE

FORM NO.	FORM NAME
G H1214 (AR)	Off-the-Job Accident–Only Disability Income Master Policy
[R G1215 (AR)	Emergency Accident Master Rider
R G1217	On-the-Job Accident-Only Disability Income Master Rider
R G1218	Retroactive Injury Benefit Master Rider
R G1219	Spouse Accident-Only Disability Income Master Rider]

Policyholder: [Group Master Name] Policy Number: [Group Master Number]
Effective Date: []

DEFINITIONS

Actively at Work means performing the duties of the Employee's occupation for the Policyholder for a wage, salary or profit.

Actively Employed means the Employee must be working at least the number of hours required for benefit eligibility as shown on the Policyholder's application and performing the substantial and material duties of their regular occupation. Normal vacation or personal days are considered Actively Employed. However, if vacation or personal days are used to cover disability, sickness or injury, those days are not considered Actively Employed.

Beneficiary means the person named by the Employee in the application, or later changed as described in the Change of Beneficiary section.

Certificate means the Certificate issued to the Employee describing the terms of the Policy, to whom benefits will be paid and the limitations and conditions that apply.

Concurrent Disabilities means disabilities occurring at the same time caused by more than one Injury, whether they are related or not.

Covered Accident means an unforeseen event which (a) directly, independently of all other causes and exclusively results in an Injury, (b) occurs after the Certificate Issue Date, (c) occurs while the Certificate is in force and (d) is not excluded by name or specific description in the Certificate.

Due Date means the date renewal premiums are due.

Elimination Period means the number of consecutive days an Insured Person must be Totally Disabled before they are eligible to receive the Total Disability Monthly Benefit. We do not pay Total Disability Monthly Benefits during the Elimination Period.

Employee means the person who is named on the Certificate Schedule as the Insured Person and is Actively Employed with the Policyholder named in the Employee's application.

Grace Period means the 31-day period after a Due Date in which premiums can still be paid and are considered to have been paid on the Due Date.

Immediate Family means the spouse, father, mother, children or siblings of an Insured Person.

Injury(ies) means bodily harm that is caused solely by or is the result of a Covered Accident. All Injuries sustained in any one Covered Accident and all complications and reoccurrences of complications are considered to be a single Injury.

Insured Person(s) means the Employee or any other person(s) insured for the benefits of the Certificate or any attached certificate rider as listed on the Certificate Schedule, certificate rider Schedule, or as later amended.

Issue Date means the date an Insured Person first becomes insured for the benefits of the Certificate or any attached certificate riders as listed on the Certificate Schedule or certificate rider Schedule.

Maximum Benefit Period means the maximum period of time any combination of Total Disability Monthly Benefits and Partial Disability Monthly Benefits, if any, are paid as shown on the Certificate Schedule or certificate rider Schedule.

Mental or Nervous Disorder means any disorder listed in the Diagnostic and Statistical Manual of Mental Disorders (DSM), most current as of the date of disability, published by the American Psychiatric Association, excluding Alzheimer's disease, dementia, and organic brain damage caused by an accident or head trauma. If the DSM is discontinued or replaced, Mental/Nervous Disorder will include those disorders listed in the diagnostic manual then in use by the American Psychiatric Association as of the date of disability, excluding Alzheimer's disease, dementia and organic brain damage caused by an accident or head trauma.

Partial Disability and **Partially Disabled** mean a degree of disability due to an Injury which:

- requires a Physician's care that is appropriate for the Injury; and
- keeps the Employee from doing one or more, but not all, of the substantial and material duties of their occupation or results in the loss of 25% or more of the time spent by the Employee in the usual daily performance of the duties of their occupation.

Physician means a doctor of medicine or osteopathy who is duly licensed by the state medical board. Such Physician cannot be a member of an Insured Person's Immediate Family or business associate and must be providing services within the scope of his or her license/specialty. Practitioners other than those named above are not Physicians.

Policy means the group master Policy.

Policyholder means the entity on the Policy Schedule and Certificate Schedule.

Pre-existing Condition means a Sickness or physical condition for which, during the 12 months before the Certificate Issue Date, an Insured Person (a) had symptoms which would cause an ordinary prudent person to seek diagnosis, care or treat or (b) received medical consultation, advice or treatment from a Physician or had been prescribed medication.

Recurrent Total Disability means a situation in which the Employee becomes Totally Disabled, ceases to be Totally Disabled, then becomes Totally Disabled again from the same or related Injury. The latter Total Disability will be considered a Recurrent Total Disability.

Reinstatement Date means the date We have both approved the Employee's reinstatement application and received any premiums due.

Sickness means an illness, disease or condition of the Insured Person.

Total Disability and **Totally Disabled** mean a disability due to an Injury which occurs while the Employee is not Actively at Work and which (a) keeps the Employee from doing the substantial and material duties of their own occupation, (b) starts while the Certificate is in force, and (c) requires a Physician's care that is appropriate for the Injury.

Monthly Benefits are not payable if (a) the disability is due to an Injury and begins more than 30 days after the Injury or (b) the Employee is working for wage, salary or profit during a period of Total Disability.

We, Us and **Our** mean Assurity Life Insurance Company.

PREMIUMS

Premium Payments. The first premium is due on the Certificate Issue Date. Premiums will include any certificate rider premiums. Premiums paid after the first premium are renewal premiums. We may change the premium rates after this Policy has been in force for 12 months, but not more than once in a 12-month period. If We change premium rates, We can only do so for all Certificates under this Policy. A 31-day notice will be given by mail to the Policyholder prior to any premium change.

Renewal premiums are due on the Due Date. The Certificate will lapse (will not be in force) if a renewal premium is not paid by the end of the Grace Period.

Grace Period. Premium must be paid during the Grace Period. The Certificate will remain in force during this time. The Grace Period does not apply if We receive notice to terminate the Certificate.

Reinstatement. If premium is not paid by the end of the Grace Period, the Certificate will lapse (will not be in force). If the Employee wants the Certificate reinstated (to be in force again), they must apply for reinstatement in writing to Our administrative office within one year of the Certificate lapsing. Their application for reinstatement requires Our approval. If their application for reinstatement is approved, the Certificate may be reinstated with payment of any premium due. The Certificate will be reinstated on the Reinstatement Date. If We have not already acted to approve or decline their application for reinstatement, the Certificate will be reinstated without approval 45 days after We receive their application for reinstatement.

The reinstated Certificate will only cover disabilities resulting from such Injury as may be sustained after the Reinstatement Date.

The reinstated Certificate is subject to a new Pre-existing Condition period starting on the Reinstatement Date.

Refund of Unearned Premium. If the Certificate terminates due to death, We will refund the portion of any premiums paid which were applied to periods following the date of the Employee's death.

Unpaid Premiums. When a claim is paid under the Certificate, any premium then due and unpaid may be deducted by Us from the claim payment and applied to the premium due. If the premium due is more than the amount payable for the claim, no benefit is payable.

TOTAL DISABILITY BENEFIT

Monthly Benefit Payment. We will pay the Total Disability Monthly Benefit if the Employee is Totally Disabled and the Elimination Period has been satisfied. We will pay Total Disability Monthly Benefits while the Employee is Totally Disabled or to the end of the Maximum Benefit Period, whichever is first. Total Disability Monthly Benefits will be paid for only one of two or more Concurrent Disabilities. A Total Disability from the same Injury is subject to one Maximum Benefit Period.

A Recurrent Total Disability is considered a new Total Disability only if it is separated from the ending date of the prior Total Disability by a period of six consecutive months or more where the Employee is Actively Employed on a continuous basis and not receiving any disability monthly benefits under the Certificate or any certificate riders. A new Total Disability is subject to a new Elimination Period and starts a new Maximum Benefit Period. Any other Recurrent Total Disability is considered a continuation of a prior Total Disability. A continuation of a prior Total Disability is not subject to a new Elimination Period, nor does it result in the start of a new Maximum Benefit Period.

Total Disability for Part of a Month. If the Employee's Total Disability is payable for a period less than a full month, We will pay one-thirtieth (1/30) of the Total Disability Monthly Benefit for each day of Total Disability.

PARTIAL DISABILITY BENEFIT

Monthly Benefit Payment. We will pay the Partial Disability Monthly Benefit if the Employee is Partially Disabled and has resumed part-time employment immediately following a period where they received Total Disability Monthly Benefits. Partial Disability payments count toward the Maximum Benefit Period and shall not be paid for a period greater than the Maximum Partial Benefit Period. Partial Disability Monthly Benefits will be paid for only one of two or more Concurrent Disabilities.

Partial Disability for Part of a Month. If the Employee's Partial Disability is payable for a period less than a full month, We will pay one-thirtieth (1/30) of the Partial Disability Monthly Benefit for each day of Partial Disability.

WAIVER OF PREMIUM

We will begin to waive payment of the Employee's renewal premiums on the first premium Due Date after they have been Totally Disabled from a covered condition for 90 days or the duration of the Elimination Period, whichever is longer. Waiver of premium ends when they cease to be Totally Disabled or at the end of the Maximum Benefit Period, whichever is first. Premiums are not waived during a period of Partial Disability.

LIMITATIONS

Pre-existing Condition. We will not pay benefits for a Total Disability that is caused by a Pre-existing Condition unless the Total Disability starts after the Certificate has been in force for 12 months from the Certificate Issue Date or for 12 months from the most recent Reinstatement Date.

Foreign Travel. We will pay up to a maximum of three disability monthly benefits for any disability sustained or continued outside the United States or Canada.

EXCLUSIONS

We will not pay benefits for conditions that are caused by or are the result of any Insured Person(s):

- having any Sickness or condition independent of the Covered Accident, including physical or mental infirmity;
- operating, learning to operate, or serving as a crew member of any aircraft;
- engaging in hang-gliding, hot air ballooning, bungee jumping, parachuting, scuba diving, sail gliding, parasailing or parakiting or similar activities;
- riding in or driving any motor-driven vehicle in an organized race, stunt show or speed test;
- officiating, coaching, practicing for or participating in any semi-professional or professional competitive athletic contest for which any type of compensation or remuneration is received;
- being exposed to war or any act of war, declared or undeclared;
- actively serving in any of the armed forces, or units auxiliary thereto, including the National Guard or Army Reserve, except during active duty training of less than 60 days;
- suffering from a Mental or Nervous Disorder;
- being addicted to drugs or suffering from alcoholism;
- being under the influence of an excitant, depressant, hallucinogen, narcotic, or any other drug or intoxicant, including those prescribed by a Physician that are misused;
- being intoxicated (as determined by the laws governing the operation of motor vehicles in the jurisdiction where loss occurs) or under the influence of an illegal substance or a narcotic (except for narcotics used as prescribed to the Insured Person by a Physician);
- having cosmetic surgery or other elective procedures that are not medically necessary;
- having dental treatment;
- committing or attempting to commit a felony;
- being incarcerated or is caused while incarcerated in a penal institution or government detention facility;
- driving any taxi for wage, compensation or profit;
- engaging in an illegal activity or occupation;
- intentionally self-inflicting an Injury; or
- committing or attempting to commit suicide, while sane or insane.

TERMINATION

Termination of Policy. Coverage will terminate and no benefits will be payable under this Policy, any Certificate or any attached riders when either the Policyholder or We cancel this Policy upon giving at least 61 days written notice to the other. We will not cancel this Policy prior to the end of the first year following the Policy Effective Date.

Termination of Certificate. Coverage will terminate and no benefits will be payable under the Certificate or any attached certificate riders on the earliest of the following:

- the date this Policy terminates;
- the date the Employee no longer meets the definition of Employee;
- when any premium due for the Certificate is not paid before the end of the Grace Period;
- the date We receive from the Employee or the Policyholder written notice to terminate the Certificate unless the notice specifies a later date;
- when the Employee establishes residence in a foreign country; or
- upon the Employee's death.

Continuation. Coverage may continue under the Certificate when the Employee ceases to be employed with the Policyholder. The Certificate must be in force for at least six consecutive months before employment terminates. Coverage may continue if the Employee is not:

- currently disabled;
- on a leave of absence;
- retiring; or
- covered under another group disability policy.

The Employee's written request and the first premium payment for the continuation of coverage must be received in Our administrative office within 90 days of the Employee's termination date.

The continued coverage will provide the Employee the same coverage provided under the Certificate at the time employment terminated. Continued coverage will terminate on the earliest of the following:

- 12 months from the Employee's termination date;
- when the Employee retires;
- the date the Employee becomes covered under another group disability policy;
- the date this Policy terminates;
- when any premium due for the Certificate is not paid before the end of the Grace Period;
- the date We receive from the Employee written notice to terminate the Certificate unless the notice specifies a later date;
- when the Employee establishes residence in a foreign country; or
- upon the Employee's death.

CLAIM PROCEDURES

Notice of Claim. Written notice of claim must be given to Us within 20 calendar days after a loss covered by the Certificate occurs, or as soon as reasonably possible, subject to the Proof of Loss section. Notice must be given to Us at Assurity Life Insurance Company, P.O. Box 82533, Lincoln, Nebraska 68501-2533. The notice should include the Insured Person's name and Certificate number as shown on the Certificate Schedule. Notice should also include the name and address of the individual submitting the notice along with a description of their relationship to the Insured Person, if different, and a statement that payment of a claim is being requested.

Claim Forms. When We receive a notice of claim, We will send the Employee the forms for filing the required proof of loss. If We do not send these forms within 15 calendar days, it shall be deemed that the Employee met the proof of loss requirement by giving Us written proof of the cause, nature and extent of the loss within the time limit stated in the Proof of Loss section.

Proof of Loss. Written proof of loss satisfactory to Us must be given to Us within 120 calendar days after such loss. If it is not possible to give written proof in the time required, We will not reduce or deny the claim for this reason if such proof is filed as soon as reasonably possible. In any event, the proof required must be given to Us no later than one year after such loss unless the Employee is legally incapacitated. Written proof of loss includes all information We reasonably request, and may include, the date disability began and the cause of the disability and prognosis. Proof may include the Insured Person's pre-disability income, including tax returns and supporting income information and any proof that the Insured Person is under the care of a Physician. All medical records, including diagnostic exams, lab results and treatment notes/summaries, and pharmacy records where the Insured Person fills prescriptions may also be included.

Additional Proof of Loss. To assist Us in determining if the Insured Person is or remains disabled, We have the right, at Our expense, to require the Insured Person to provide an interview to Our representative(s) and undergo examination by a Physician, vocational expert, or other medical or vocational professional that We select. Any such additional proof of loss must be satisfactory to Us.

Time of Payment of Claim. Benefits for any loss covered by the Certificate will be paid after We receive written proof satisfactory to Us and all other provisions herein are met. We will pay the Total Disability Monthly Benefit or Partial Disability Monthly Benefit at the end of the month for which it is due.

Time of Loss. Benefits will be paid only for a loss which occurs while the Certificate is in force. Termination of the Certificate will not affect any claim for disability, provided that the Total Disability begins prior to termination of the Certificate and within 30 days after the date of the Injury causing the disability.

Payment of Claim. All benefits will be paid to the Employee if living or to the Employee's Beneficiary. If no Beneficiary is living, benefits will be paid to the Employee's estate. If benefits are payable to the Employee's estate, We may pay up to \$1,000 to any relative of the Employee who We find is entitled to it. Any payment made in good faith will fully discharge Us to the extent of the payment.

Overpayment Reimbursement. We have the right to recoup or recover any overpayment We make, for any reason, in processing a claim. We must be reimbursed in full for the amount of the overpayment.

Claim Review. If We deny a claim, We will provide written notice of Our reason(s) for the denial and the provision(s) herein that We relied upon. You have the right to ask Us to review the claim on appeal and the right to submit additional information to Us that might change Our decision.

Appeal, if Governed by ERISA. If this policy provides coverage under an employee welfare benefit plan governed by the Employee Retirement Income Security Act (ERISA), 29 U.S.C. 1001 et seq., prior to filing any lawsuit against Us, You or Your Beneficiary (if You are deceased) must complete an appeal. The appeal request must be in writing and must be made within 180 days after receipt of Our denial decision. We will provide written notice of Our decision on appeal.

GENERAL PROVISIONS

Application Statement. No statement will void the Certificate or any attached certificate riders, or be used to deny a claim unless the Employee made the statement in their application, which includes any papers signed or information provided to get the Certificate.

In the absence of fraud, statements made in the Employee's application, which includes any papers signed or information provided to get the Certificate, are deemed representations and not warranties. Representations are statements that, to the best of the Employee's knowledge and understanding, represent the truth. Warranties are statements that are guaranteed to be true. If We considered the Employee's statements as warranties, We could cancel their Certificate for any inaccuracy – even an honest mistake.

Agency. Neither the Policyholder, any employer, any associated company, nor any administrator appointed by the foregoing is Our agent. We are not liable for any of their acts or omissions.

Assignment. The Employee can transfer, or assign, some or all of their Certificate rights to someone else by making a contract with that person. We are not responsible for the validity of any assignment of the Certificate, nor are We bound by any assignment until We receive a copy of the assignment at Our office.

Certificates. We will send the Certificates to the Policyholder to give to each Employee. The Certificates will state the insurance to which an Insured Person is entitled. It does not change the provisions of this Policy.

Change of Beneficiary. The Employee may change the Beneficiary by completing and signing a form provided by Us for changing a Beneficiary and returning the form to Our administrative office for Our written acknowledgement.

Naming a new Beneficiary voids any prior designation unless stated otherwise in the new designation.

When We furnish written acknowledgement of the change of Beneficiary, the change becomes effective on the date the Employee signed Our form. We are not liable for payments made or action taken prior to Our written acknowledgement of the Beneficiary change.

Conformity with State and Federal Law. The laws of the federal government and state in which the Employee resides on the Certificate Issue Date apply. If this Policy conflicts with the laws of the federal government or the state in which the Employee resides on the Certificate Issue Date, it is considered changed to meet those laws. The change will be to the law's minimum requirement.

Duty of Cooperation. The Employee and any Beneficiary shall reasonably cooperate during any investigation or adjudication of a claim. This cooperation shall include providing information We request and authorizing the release of medical records to Us.

Entire Contract; Changes. The entire contract consists of this Policy and the Certificates, which includes the Policyholder's and Employee's applications and any riders, endorsements, amendments or any other papers We have attached. No change in this Policy or the Certificates will be effective until approved by one of Our officers and unless such approval is endorsed and attached to this Policy or the Certificates. No sales representative has authority to change this Policy or the Certificates or to waive any of the provisions.

Legal Action. Neither the Policyholder nor the Employee can bring a legal action to recover benefits under this Policy for at least 60 days after the Policyholder or Employee has given Us written proof of loss. Neither the Policyholder nor the Employee can start such an action more than three years after the date proof of loss is required.

Misstatement of Age. If the age of any Insured Person has been misstated, an adjustment in premiums, coverage, or both, will be made based on the Insured Person's correct age. If, according to the correct age, the coverage provided would not have become effective, or would have ceased, Our only liability during the period in which the Insured Person was not eligible for coverage, shall be limited to the refund, upon written request to Our administrative office, of premiums paid for such period.

Misstatement of Income. If the Employee's income has been misstated, an adjustment in premiums, coverage, or both, will be made based on the income at the time of application. No misstatement of income will continue insurance otherwise validly terminated or terminate insurance otherwise validly in force. If, according to the Employee's correct income, the coverage provided would not have become effective, Our only liability shall be limited to the refund, upon written request to Our administrative office, of premiums paid.

Physical Examination and Autopsy. We have the right to have an Insured Person examined when and as often as is reasonable while a claim is pending and to have an autopsy performed where it is not forbidden by law. If We initiate the request, either or both will be done at Our expense.

Time Limit on Certain Defenses. After three years from the Certificate Issue Date, excluding any time an Insured Person was Totally Disabled, We cannot use misstatements, except fraudulent misstatements, in the Employee's application (which includes any papers signed or information provided to get the Certificate) to void coverage or deny a claim for loss that happens after the three-year period.

After three years from the last Reinstatement Date, excluding any time an Insured Person was Totally Disabled, We cannot use misstatements, except fraudulent misstatements, in the Employee's reinstatement application (which includes any papers signed or information provided to reinstate the Certificate) to void coverage or deny a claim for loss that happens after the three-year period.

No claim for loss incurred after three years from the Certificate Issue Date, shall be reduced or denied on the ground that a disease or physical condition not excluded from coverage by name or specific description existing on the date of loss had existed prior to the effective date of coverage of the Certificate.

Time of Coverage. Coverage starts on the Certificate Issue Date at 12:01 a.m., in the time zone of the Certificate's issue state. It ends at 12:01 a.m. in the same time zone on the renewal date, subject to the Grace Period. Each time the Certificate is renewed, the new term begins when the old term ends.

Workers' Compensation. This Policy is not in place of, and does not affect any state's requirements for coverage by Workers' Compensation insurance.

OFF-THE-JOB ACCIDENT-ONLY DISABILITY INCOME MASTER POLICY

Company may change premium rates

READ THIS POLICY CAREFULLY

**ASSURITY® LIFE INSURANCE COMPANY**

Post Office Box 82533, Lincoln, NE 68501-2533

(402) 476-6500 • (800) 869-0355 • www.assurity.com

**Off-the-Job Accident-Only
Disability Income
Certificate of Insurance**

This Certificate is a part of the Policy that is a legal contract between the group Policyholder and Us (Assurity Life Insurance Company, a stock company). We issue this Certificate based on Your application and payment of premium when due. The Policy alone is the only contract under which payment will be made. Any difference between the Policy and this Certificate will be settled according to the provisions of the Policy.

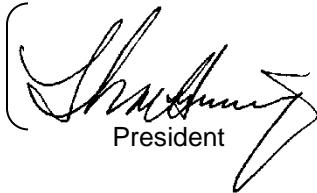
RIGHT TO EXAMINE

You may cancel this Certificate within 30 days of the Certificate Issue Date by returning this Certificate to Our administrative office. As soon as this Certificate is received by Us, it is treated as if it was never issued. Your premium payment will be refunded when We receive this Certificate.

RIGHT TO CANCEL

After the 30-day period specified in the Right to Examine section, You may cancel this Certificate by notifying Us in writing that You wish to do so. This Certificate will be cancelled effective as of the end of the period for which premiums have been paid unless Your notice specifies a later date. Cancellation of this Certificate will be without prejudice to any claim made prior to termination.

Assurity Life Insurance Company has signed this Certificate on the Issue Date.


President
Secretary

**Important Cancellation Information – Please read the
“Right to Cancel” and “Termination” sections.**

Company may change premium rates

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SCHEDULE

FORM NO.	FORM NAME	INITIAL ANNUAL PREMIUM
G H1214C (AR)	Off-the-Job Accident–Only Disability Income Certificate of Insurance	\$[]
	Total Disability Monthly Benefit: \$[300 - 5,000]	
	Maximum Benefit Period: [3, 6, 12, 24] months	
	Elimination Period: [0, 7, 14, 30, 60, 90, 180] consecutive days	
	Partial Disability Monthly Benefit: \$[150 – 2,500]	
	Maximum Partial Benefit Period: [3 or 6] months	
[R G1215C (AR)	Emergency Accident Certificate Rider	\$[]
R G1217C	On-the-Job Accident-Only Disability Income Certificate Rider	\$[]
R G1218C	Retroactive Injury Benefit Certificate Rider	\$[]
R G1219C	Spouse Accident-Only Disability Income Certificate Rider	\$[]]

Policyholder:	[Group Master Name	]	Policy Number:	[Group Master Number]
Insured Person:	[	]	Certificate Number:	[]
Issue Age:	[	]	Issue Date:	[]
			Initial Premium:	[]
			Premium Mode:	[]

DEFINITIONS

Actively at Work means performing the duties of Your occupation for the Policyholder for a wage, salary or profit.

Actively Employed means You must be working at least the number of hours required for benefit eligibility as shown on the Policyholder's application and performing the substantial and material duties of Your regular occupation. Normal vacation or personal days are considered Actively Employed. However, if vacation or personal days are used to cover disability, sickness or injury, those days are not considered Actively Employed.

Beneficiary means the person named by You in the application, or later changed as described in the Change of Beneficiary section.

Certificate means the Certificate issued to the Employee describing the terms of the Policy, to whom benefits will be paid and the limitations and conditions that apply.

Concurrent Disabilities means disabilities occurring at the same time caused by more than one Injury, whether they are related or not.

Covered Accident means an unforeseen event which (a) directly, independently of all other causes and exclusively results in an Injury, (b) occurs after the Certificate Issue Date, (c) occurs while this Certificate is in force and (d) is not excluded by name or specific description in this Certificate.

Due Date means the date renewal premiums are due.

Elimination Period means the number of consecutive days an Insured Person must be Totally Disabled before they are eligible to receive the Total Disability Monthly Benefit. We do not pay Total Disability Monthly Benefits during the Elimination Period.

Employee means the person who is named on the Certificate Schedule as the Insured Person and is Actively Employed with the Policyholder named in Your application.

Grace Period means the 31-day period after a Due Date in which premiums can still be paid and are considered to have been paid on the Due Date.

Immediate Family means the spouse, father, mother, children or siblings of an Insured Person.

Injury(ies) means bodily harm that is caused solely by or is the result of a Covered Accident. All Injuries sustained in any one Covered Accident and all complications and reoccurrences of complications are considered to be a single Injury.

Insured Person(s) means You or any other person(s) insured for the benefits of this Certificate or any attached certificate rider as listed on the Certificate Schedule, certificate rider Schedule, or as later amended.

Issue Date means the date an Insured Person first becomes insured for the benefits of this Certificate or any attached certificate riders as listed on the Certificate Schedule or certificate rider Schedule.

Maximum Benefit Period means the maximum period of time any combination of Total Disability Monthly Benefits and Partial Disability Monthly Benefits, if any, are paid as shown on the Certificate Schedule or certificate rider Schedule.

Mental or Nervous Disorder means any disorder listed in the Diagnostic and Statistical Manual of Mental Disorders (DSM), most current as of the date of disability, published by the American Psychiatric Association, excluding Alzheimer's disease, dementia, and organic brain damage caused by an accident or head trauma. If the DSM is discontinued or replaced, Mental/Nervous Disorder will include those disorders listed in the diagnostic manual then in use by the American Psychiatric Association as of the date of disability, excluding Alzheimer's disease, dementia and organic brain damage caused by an accident or head trauma.

Partial Disability and **Partially Disabled** mean a degree of disability due to an Injury which:

- requires a Physician's care that is appropriate for the Injury; and
- keeps You from doing one or more, but not all, of the substantial and material duties of Your occupation or results in the loss of 25% or more of the time spent by You in the usual daily performance of the duties of Your occupation.

Physician means a doctor of medicine or osteopathy who is duly licensed by the state medical board. Such Physician cannot be a member of an Insured Person's Immediate Family or business associate and must be providing services within the scope of his or her license/specialty. Practitioners other than those named above are not Physicians.

Policy means the group master Policy.

Policyholder means the entity on the Policy Schedule and Certificate Schedule.

Pre-existing Condition means a Sickness or physical condition for which, during the 12 months before the Certificate Issue Date, an Insured Person (a) had symptoms which would cause an ordinary prudent person to seek diagnosis, care or treat or (b) received medical consultation, advice or treatment from a Physician or had been prescribed medication.

Recurrent Total Disability means a situation in which You become Totally Disabled, cease to be Totally Disabled, then become Totally Disabled again from the same or related Injury. The latter Total Disability will be considered a Recurrent Total Disability.

Reinstatement Date means the date We have both approved Your reinstatement application and received any premiums due.

Sickness means an illness, disease or condition of the Insured Person.

Total Disability and **Totally Disabled** mean a disability due to an Injury which occurs while You are not Actively at Work and which (a) keeps You from doing the substantial and material duties of Your own occupation, (b) starts while this Certificate is in force, and (c) requires a Physician's care that is appropriate for the Injury.

Monthly Benefits are not payable if (a) the disability is due to an Injury and begins more than 30 days after the Injury or (b) You are working for wage, salary or profit during a period of Total Disability.

We, Us and **Our** mean Assurity Life Insurance Company.

You and **Your** mean the Employee who is the Insured Person listed on the Certificate Schedule.

PREMIUMS

Premium Payments. The first premium is due on the Certificate Issue Date. Premiums will include any certificate rider premiums. Premiums paid after the first premium are renewal premiums. We may change the premium rates after the Policy has been in force for 12 months, but not more than once in a 12-month period. If We change premium rates, We can only do so for all Certificates under the Policy. A 31-day notice will be given by mail to the Policyholder prior to any premium change.

Renewal premiums are due on the Due Date. This Certificate will lapse (will not be in force) if a renewal premium is not paid by the end of the Grace Period.

Grace Period. Premium must be paid during the Grace Period. This Certificate will remain in force during this time. The Grace Period does not apply if We receive notice to terminate this Certificate.

Reinstatement. If premium is not paid by the end of the Grace Period, this Certificate will lapse (will not be in force). If You want this Certificate reinstated (to be in force again), You must apply for reinstatement in writing to Our administrative office within one year of this Certificate lapsing. Your application for reinstatement requires Our approval. If Your application for reinstatement is approved, this Certificate may be reinstated with payment of any premium due. This Certificate will be reinstated on the Reinstatement Date. If We have not already acted to approve or decline Your application for reinstatement, this Certificate will be reinstated without approval 45 days after We receive Your application for reinstatement.

The reinstated Certificate will only cover disabilities resulting from such Injury as may be sustained after the Reinstatement Date.

The reinstated Certificate is subject to a new Pre-existing Condition period starting on the Reinstatement Date.

Refund of Unearned Premium. If this Certificate terminates due to death, We will refund the portion of any premiums paid which were applied to periods following the date of Your death.

Unpaid Premiums. When a claim is paid under this Certificate, any premium then due and unpaid may be deducted by Us from the claim payment and applied to the premium due. If the premium due is more than the amount payable for the claim, no benefit is payable.

TOTAL DISABILITY BENEFIT

Monthly Benefit Payment. We will pay the Total Disability Monthly Benefit if You are Totally Disabled and the Elimination Period has been satisfied. We will pay Total Disability Monthly Benefits while You are Totally Disabled or to the end of the Maximum Benefit Period, whichever is first. Total Disability Monthly Benefits will be paid for only one of two or more Concurrent Disabilities. A Total Disability from the same Injury is subject to one Maximum Benefit Period.

A Recurrent Total Disability is considered a new Total Disability only if it is separated from the ending date of the prior Total Disability by a period of six consecutive months or more where You are Actively Employed on a continuous basis and not receiving any disability monthly benefits under this Certificate or any certificate riders. A new Total Disability is subject to a new Elimination Period and starts a new Maximum Benefit Period. Any other Recurrent Total Disability is considered a continuation of a prior Total Disability. A continuation of a prior Total Disability is not subject to a new Elimination Period, nor does it result in the start of a new Maximum Benefit Period.

Total Disability for Part of a Month. If Your Total Disability is payable for a period less than a full month, We will pay one-thirtieth (1/30) of the Total Disability Monthly Benefit for each day of Total Disability.

PARTIAL DISABILITY BENEFIT

Monthly Benefit Payment. We will pay the Partial Disability Monthly Benefit if You are Partially Disabled and have resumed part-time employment immediately following a period where You received Total Disability Monthly Benefits. Partial Disability payments count toward the Maximum Benefit Period and shall not be paid for a period greater than the Maximum Partial Benefit Period. Partial Disability Monthly Benefits will be paid for only one of two or more Concurrent Disabilities.

Partial Disability for Part of a Month. If Your Partial Disability is payable for a period less than a full month, We will pay one-thirtieth (1/30) of the Partial Disability Monthly Benefit for each day of Partial Disability.

WAIVER OF PREMIUM

We will begin to waive payment of Your renewal premiums on the first premium Due Date after You have been Totally Disabled from a covered condition for 90 days or the duration of the Elimination Period, whichever is longer. Waiver of premium ends when You cease to be Totally Disabled or at the end of the Maximum Benefit Period, whichever is first. Premiums are not waived during a period of Partial Disability.

LIMITATIONS

Pre-existing Condition. We will not pay benefits for a Total Disability that is caused by a Pre-existing Condition unless the Total Disability starts after this Certificate has been in force for 12 months from the Certificate Issue Date or for 12 months from the most recent Reinstatement Date.

Foreign Travel. We will pay up to a maximum of three disability monthly benefits for any disability sustained or continued outside the United States or Canada.

EXCLUSIONS

We will not pay benefits for conditions that are caused by or are the result of any Insured Person(s):

- having any Sickness or condition independent of the Covered Accident, including physical or mental infirmity;
- operating, learning to operate, or serving as a crew member of any aircraft;
- engaging in hang-gliding, hot air ballooning, bungee jumping, parachuting, scuba diving, sail gliding, parasailing or parakiting or similar activities;
- riding in or driving any motor-driven vehicle in an organized race, stunt show or speed test;
- officiating, coaching, practicing for or participating in any semi-professional or professional competitive athletic contest for which any type of compensation or remuneration is received;
- being exposed to war or any act of war, declared or undeclared;
- actively serving in any of the armed forces, or units auxiliary thereto, including the National Guard or Army Reserve, except during active duty training of less than 60 days;
- suffering from a Mental or Nervous Disorder;
- being addicted to drugs or suffering from alcoholism;
- being under the influence of an excitant, depressant, hallucinogen, narcotic, or any other drug or intoxicant, including those prescribed by a Physician that are misused;
- being intoxicated (as determined by the laws governing the operation of motor vehicles in the jurisdiction where loss occurs) or under the influence of an illegal substance or a narcotic (except for narcotics used as prescribed to the Insured Person by a Physician);
- having cosmetic surgery or other elective procedures that are not medically necessary;
- having dental treatment;
- committing or attempting to commit a felony;
- being incarcerated or is caused while incarcerated in a penal institution or government detention facility;
- driving any taxi for wage, compensation or profit;
- engaging in an illegal activity or occupation;
- intentionally self-inflicting an Injury; or
- committing or attempting to commit suicide, while sane or insane.

TERMINATION

Coverage will terminate and no benefits will be payable under this Certificate or any attached certificate riders on the earliest of the following:

- the date the Policy terminates;
- the date You no longer meet the definition of Employee;
- when any premium due for this Certificate is not paid before the end of the Grace Period;
- the date We receive from You or the Policyholder written notice to terminate this Certificate unless the notice specifies a later date;
- when You establish residence in a foreign country; or
- upon Your death.

Continuation. Coverage may continue under this Certificate when Your employment with the Policyholder terminates. This Certificate must be in force for at least six consecutive months before employment terminates. Coverage may continue if You are not:

- currently disabled;
- on a leave of absence;
- retiring; or
- covered under another group disability policy.

Your written request and the first premium payment for the continuation of coverage must be received in Our administrative office within 90 days of Your employment termination date.

The continued coverage will provide You the same coverage provided under this Certificate at the time Your employment terminated. Continued coverage will terminate on the earliest of the following:

- 12 months from Your employment termination date;
- when You retire;
- the date You become covered under another group disability policy;
- the date the Policy terminates;
- when any premium due for this Certificate is not paid before the end of the Grace Period;
- the date We receive from You written notice to terminate this Certificate unless the notice specifies a later date;
- when You establish residence in a foreign county; or
- upon Your death.

CLAIM PROCEDURES

Notice of Claim. Written notice of claim must be given to Us within 20 calendar days after a loss covered by this Certificate occurs, or as soon as reasonably possible, subject to the Proof of Loss section. Notice must be given to Us at Assurity Life Insurance Company, P.O. Box 82533, Lincoln, Nebraska 68501-2533. The notice should include the Insured Person's name and Certificate number as shown on the Certificate Schedule. Notice should also include the name and address of the individual submitting the notice along with a description of their relationship to the Insured Person, if different, and a statement that payment of a claim is being requested.

Claim Forms. When We receive a notice of claim, We will send You the forms for filing the required proof of loss. If We do not send these forms within 15 calendar days, it shall be deemed You met the proof of loss requirement by giving Us written proof of the cause, nature and extent of the loss within the time limit stated in the Proof of Loss section.

Proof of Loss. Written proof of loss satisfactory to Us must be given to Us within 120 calendar days after such loss. If it is not possible to give written proof in the time required, We will not reduce or deny the claim for this reason if such proof is filed as soon as reasonably possible. In any event, the proof required must be given to Us no later than one year after such loss unless You are legally incapacitated. Written proof of loss includes all information We reasonably request, and may include, the date disability began and the cause of the disability and prognosis. Proof may include the Insured Person's pre-disability income, including tax returns and supporting income information and any proof that the Insured Person is under the care of a Physician. All medical records, including diagnostic exams, lab results and treatment notes/summaries, and pharmacy records where the Insured Person fills prescriptions may also be included.

Additional Proof of Loss. To assist Us in determining if the Insured Person is or remains disabled, We have the right, at Our expense, to require the Insured Person to provide an interview to Our representative(s) and undergo examination by a Physician, vocational expert, or other medical or vocational professional that We select. Any such additional proof of loss must be satisfactory to Us.

Time of Payment of Claim. Benefits for any loss covered by this Certificate will be paid after We receive written proof satisfactory to Us and all other provisions herein are met. We will pay the Total Disability Monthly Benefit or Partial Disability Monthly Benefit at the end of the month for which it is due.

Time of Loss. Benefits will be paid only for a loss which occurs while this Certificate is in force. Termination of this Certificate will not affect any claim for disability, provided that the Total Disability begins prior to termination of this Certificate and within 30 days after the date of the Injury causing the disability.

Payment of Claim. All benefits will be paid to You if living or to Your Beneficiary. If no Beneficiary is living, benefits will be paid to Your estate. If benefits are payable to Your estate, We may pay up to \$1,000 to any relative of Yours who We find is entitled to it. Any payment made in good faith will fully discharge Us to the extent of the payment.

Overpayment Reimbursement. We have the right to recoup or recover any overpayment We make, for any reason, in processing a claim. We must be reimbursed in full for the amount of the overpayment.

Claim Review. If We deny a claim, We will provide written notice of Our reason(s) for the denial and the provision(s) herein that We relied upon. You have the right to ask Us to review the claim on appeal and the right to submit additional information to Us that might change Our decision.

Appeal, if Governed by ERISA. If this policy provides coverage under an employee welfare benefit plan governed by the Employee Retirement Income Security Act (ERISA), 29 U.S.C. 1001 et seq., prior to filing any lawsuit against Us, You or Your Beneficiary (if You are deceased) must complete an appeal. The appeal request must be in writing and must be made within 180 days after receipt of Our denial decision. We will provide written notice of Our decision on appeal.

GENERAL PROVISIONS

Application Statement. No statement will void this Certificate or any attached certificate riders, or be used to deny a claim unless You made the statement in Your application, which includes any papers signed or information provided to get this Certificate.

In the absence of fraud, statements made in Your application, which includes any papers signed or information provided to get this Certificate, are deemed representations and not warranties. Representations are statements that, to the best of Your knowledge and understanding, represent the truth. Warranties are statements that are guaranteed to be true. If We considered Your statements as warranties, We could cancel this Certificate for any inaccuracy – even an honest mistake.

Agency. Neither the Policyholder, any employer, any associated company, nor any administrator appointed by the foregoing is Our agent. We are not liable for any of their acts or omissions.

Assignment. You can transfer, or assign, some or all of Your Certificate rights to someone else by making a contract with that person. We are not responsible for the validity of any assignment of this Certificate, nor are We bound by any assignment until We receive a copy of the assignment at Our office.

Change of Beneficiary. You may change the Beneficiary by completing and signing a form provided by Us for changing a Beneficiary and returning the form to Our administrative office for Our written acknowledgement.

Naming a new Beneficiary voids any prior designation unless stated otherwise in the new designation.

When We furnish You written acknowledgement of the change of Beneficiary, the change becomes effective on the date You signed Our form. We are not liable for payments made or action taken prior to Our written acknowledgement of the Beneficiary change.

Conformity with State and Federal Law. The laws of the federal government and Your state of residence on the Certificate Issue Date apply. If the Policy or this Certificate conflicts with the laws of the federal government or Your state on the Certificate Issue Date, it is considered changed to meet those laws. The change will be to the law's minimum requirement.

Duty of Cooperation. You and any Beneficiary shall reasonably cooperate during any investigation or adjudication of a claim. This cooperation shall include providing information We request and authorizing the release of medical records to Us.

Entire Contract; Changes. The entire contract consists of the Policy and this Certificate, which includes the Policyholder's and Your application and any riders, endorsements, amendments or any other papers We have attached. No change in the Policy or this Certificate will be effective until approved by one of Our officers and unless such approval is endorsed and attached to the Policy or this Certificate. No sales representative has authority to change the Policy or this Certificate or to waive any of its provisions.

Legal Action. You cannot bring a legal action to recover benefits under this Certificate for at least 60 days after You have given Us written proof of loss. You cannot start such an action more than three years after the date proof of loss is required.

Misstatement of Age. If the age of any Insured Person has been misstated, an adjustment in premiums, coverage, or both, will be made based on the Insured Person's correct age. If, according to the correct age, the coverage provided would not have become effective, or would have ceased, Our only liability during the period in which the Insured Person was not eligible for coverage, shall be limited to the refund, upon written request to Our administrative office, of premiums paid for such period.

Misstatement of Income. If Your income has been misstated, an adjustment in premiums, coverage, or both, will be made based on the income at the time of application. No misstatement of income will continue insurance otherwise validly terminated or terminate insurance otherwise validly in force. If, according to Your correct income, the coverage provided would not have become effective, Our only liability shall be limited to the refund, upon written request to Our administrative office, of premiums paid.

Physical Examination and Autopsy. We have the right to have an Insured Person examined when and as often as is reasonable while a claim is pending and to have an autopsy performed where it is not forbidden by law. If We initiate the request, either or both will be done at Our expense.

Time Limit on Certain Defenses. After three years from the Certificate Issue Date, excluding any time an Insured Person was Totally Disabled, We cannot use misstatements, except fraudulent misstatements, in Your application (which includes any papers signed or information provided to get this Certificate) to void coverage or deny a claim for loss that happens after the three-year period.

After three years from the last Reinstatement Date, excluding any time an Insured Person was Totally Disabled, We cannot use misstatements, except fraudulent misstatements, in Your reinstatement application (which includes any papers signed or information provided to reinstate this Certificate) to void coverage or deny a claim for loss that happens after the three-year period.

No claim for loss incurred after three years from the Certificate Issue Date, shall be reduced or denied on the ground that a disease or physical condition not excluded from coverage by name or specific description existing on the date of loss had existed prior to the effective date of coverage of this Certificate.

Time of Coverage. Coverage starts on the Certificate Issue Date at 12:01 a.m., in the time zone of Your permanent residence. It ends at 12:01 a.m. in the same time zone on the renewal date, subject to the Grace Period. Each time this Certificate is renewed, the new term begins when the old term ends.

Workers' Compensation. This Certificate is not in place of, and does not affect any state's requirements for coverage by Workers' Compensation insurance.

OFF-THE-JOB ACCIDENT-ONLY DISABILITY INCOME CERTIFICATE OF INSURANCE

Company may change premium rates

READ YOUR CERTIFICATE CAREFULLY

**ASSURITY® LIFE INSURANCE COMPANY**

Post Office Box 82533, Lincoln, NE 68501-2533

(402) 476-6500 • (800) 869-0355 • www.assurity.com

**Emergency Accident
Master Rider**

This master rider is attached to and part of the Policy. The terms of the Policy apply to this master rider unless otherwise stated in this master rider. We issue this master rider based on the Policyholder's and Employee's applications and payment of premium when due. Premium for the certificate rider is included on the Certificate Schedule. The certificate rider premiums are paid to Our administrative office at the same time as the Certificate premiums. After the Policy has been in force 12 months, We may change the premium rates, but not more than once in a 12-month period. We can only do so for all certificate riders under the Policy. A 31-day notice will be given by mail to the Policyholder prior to any premium change.

SCHEDULE

Effective Date: []

DEFINITIONS

Calendar Year means the period of time that begins on January 1 and ends on December 31, of the same year.

Emergency Care means those health care services that are provided for an Injury of sufficient severity that would cause a reasonably prudent person to seek immediate medical attention.

Emergency Room means a specified area within a Hospital that is designated for the Emergency Care of accidental Injuries. This area must (a) be staffed and equipped to handle trauma, (b) be supervised and provide treatment by Physicians and (c) provide care seven days per week, 24 hours per day. An Urgent Care Facility is not considered an Emergency Room.

Hospital means a primary care medical facility operated pursuant to law. The Hospital must have organized facilities to provide first level treatment of sick and injured persons on an inpatient basis for which a charge is made. Organized facilities include emergency services, admissions services, clinical laboratory, diagnostic X-ray and an operating room.

Treatment facilities for emergency, medical and surgical services must be provided within the Hospital. The Hospital must provide 24 hour nursing services by or under the supervision of a registered nurse (RN), and be supervised by a staff of one or more Physicians. The Hospital must also maintain on its premises the patient's written history and medical records.

Not included is a Hospital or institution or part of such Hospital or institution which is licensed or used principally as (a) a hospice unit (including any beds designated as a hospice bed), (b) a swing bed, (c) a convalescent home, (d) a rest or nursing facility, (e) a skilled nursing facility, (f) a psychiatric unit, (g) a rehabilitation unit or facility or (h) a facility primarily affording custodial care, educational care or care or treatment for persons suffering from mental diseases or disorders, or care for the aged, drug addicts or alcoholics.

Urgent Care Facility means a free-standing facility, which is not part of a Hospital, or Hospital Emergency Room, which provides care on an urgent basis.

REINSTATEMENT

If premium is not paid by the end of the Grace Period, the certificate rider will lapse (will not be in force). If the Employee wants the certificate rider reinstated (to be in force again), they must apply for reinstatement in writing to Our administrative office within one year of the certificate rider lapsing. Their application for reinstatement requires Our approval. If their application for reinstatement is approved, the certificate rider may be reinstated with payment of any premium due. The certificate rider will be reinstated on the Reinstatement Date. If We have not already acted to approve or decline their application for reinstatement, the certificate rider will be reinstated without approval 45 days after We receive their application for reinstatement.

The reinstated rider will only cover charges incurred after the Reinstatement Date.

BENEFIT

The certificate rider provides the Employee with a Benefit Amount if they sustain an Injury for which they receive Emergency Care by a Physician in the Physician's office, an Urgent Care Facility or an Emergency Room within 72 hours after an Injury. This benefit will be paid up to four times per Calendar Year.

CLAIM PROCEDURES

Notice of Claim. Written notice of claim must be given to Us within 20 calendar days after a loss covered by the certificate rider occurs, or as soon as reasonably possible, subject to the Proof of Loss section. Notice must be given to Us at Assurity Life Insurance Company, P.O. Box 82533, Lincoln, Nebraska 68501-2533. The notice should include the Insured Person's name and Certificate number as shown on the Certificate Schedule. Notice should also include the name and address of the individual submitting the notice along with a description of their relationship to the Insured Person, if different, and a statement that payment of a claim is being requested.

Claim Forms. When We receive a notice of claim, We will send the Employee the forms for filing the required proof of loss. If We do not send these forms within 15 calendar days, it shall be deemed that the Employee met the proof of loss requirement by giving Us written proof of the cause, nature and extent of the loss within the time limit stated in the Proof of Loss section.

Proof of Loss. Written proof of loss satisfactory to Us must be given to Us within 120 calendar days after such loss. If it is not possible to give written proof in the time required, We will not reduce or deny the claim for this reason if such proof is filed as soon as reasonably possible. In any event, the proof required must be given to Us no later than one year after such loss unless the Employee is legally incapacitated.

Time of Payment of Claim. Benefits for any loss covered by the certificate rider will be paid after We receive written proof satisfactory to Us and all other provisions herein are met.

Time of Loss. Benefits will be paid only for a loss which occurs while the certificate rider is in force. Termination of coverage will not affect any claim, provided the covered loss occurred prior to termination of the certificate rider.

Payment of Claim. All benefits will be paid to the Employee if living or to the Employee's Beneficiary. If no Beneficiary is living, benefits will be paid to the Employee's estate. If benefits are payable to the Employee's estate, We may pay up to \$1,000 to any relative of the Employee who We find is entitled to it. Any payment made in good faith will fully discharge Us to the extent of the payment.

Overpayment Reimbursement. We have the right to recoup or recover any overpayment We make, for any reason, in processing a claim. We must be reimbursed in full for the amount of the overpayment.

Claim Review. If We deny a claim, We will provide written notice of Our reason(s) for the denial and the provision(s) herein that We relied upon. The Employee has the right to ask Us to review the claim on appeal and the right to submit additional information to Us that might change Our decision.

Appeal, if Governed by ERISA. If this policy provides coverage under an employee welfare benefit plan governed by the Employee Retirement Income Security Act (ERISA), 29 U.S.C. 1001 et seq., prior to filing any lawsuit against Us, the Employee or the Employee's Beneficiary (if the Employee is deceased) must complete an appeal. The appeal request must be in writing and must be made within 60 days after receipt of Our denial decision. We will provide written notice of Our decision on appeal.

GENERAL PROVISION


In this master rider, "Policy" and "Certificate" mean the Policy and Certificate to which this master rider and the certificate rider are attached.

TERMINATION

Coverage will terminate and no benefits will be payable on the earliest of the following:

- the date the Policy terminates for any reason; or
- the date We receive written notice to terminate this master rider unless the notice specifies a later date.

Assurity Life Insurance Company has signed this master rider on the Effective Date.


President


Secretary

**ASSURITY® LIFE INSURANCE COMPANY**

Post Office Box 82533, Lincoln, NE 68501-2533

(402) 476-6500 • (800) 869-0355 • www.assurity.com

**Emergency Accident
Certificate Rider**

This certificate rider is attached to and part of the Certificate which is a part of the Policy. The terms of the Policy and Certificate apply to this certificate rider unless otherwise stated in this certificate rider. This certificate rider is issued in return for Your approved application. Premium for this certificate rider is included on the Certificate Schedule. The certificate rider premiums are paid to Our administrative office at the same time as the Certificate premiums. After the Policy has been in force 12 months, We may change the premium rates, but not more than once in a 12-month period. We can only do so for all certificate riders under the Policy. A 31-day notice will be given by mail to the Policyholder prior to any premium change.

SCHEDULE

Insured Person:	[]
Issue Date:	[]
Benefit Amount:	[\$100, 150, or 200]	

DEFINITIONS

Calendar Year means the period of time that begins on January 1 and ends on December 31, of the same year.

Emergency Care means those health care services that are provided for an Injury of sufficient severity that would cause a reasonably prudent person to seek immediate medical attention.

Emergency Room means a specified area within a Hospital that is designated for the Emergency Care of accidental Injuries. This area must (a) be staffed and equipped to handle trauma, (b) be supervised and provide treatment by Physicians and (c) provide care seven days per week, 24 hours per day. An Urgent Care Facility is not considered an Emergency Room.

Hospital means a primary care medical facility operated pursuant to law. The Hospital must have organized facilities to provide first level treatment of sick and injured persons on an inpatient basis for which a charge is made. Organized facilities include emergency services, admissions services, clinical laboratory, diagnostic X-ray and an operating room.

Treatment facilities for emergency, medical and surgical services must be provided within the Hospital. The Hospital must provide 24 hour nursing services by or under the supervision of a registered nurse (RN), and be supervised by a staff of one or more Physicians. The Hospital must also maintain on its premises the patient's written history and medical records.

Not included is a Hospital or institution or part of such Hospital or institution which is licensed or used principally as (a) a hospice unit (including any beds designated as a hospice bed), (b) a swing bed, (c) a convalescent home, (d) a rest or nursing facility, (e) a skilled nursing facility, (f) a psychiatric unit, (g) a rehabilitation unit or facility or (h) a facility primarily affording custodial care, educational care or care or treatment for persons suffering from mental diseases or disorders, or care for the aged, drug addicts or alcoholics.

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REINSTATEMENT

If premium is not paid by the end of the Grace Period, this certificate rider will lapse (will not be in force). If You want this certificate rider reinstated (to be in force again), You must apply for reinstatement in writing to Our administrative office within one year of this certificate rider lapsing. Your application for reinstatement requires Our approval. If Your application for reinstatement is approved, this certificate rider may be reinstated with payment of any premium due. This certificate rider will be reinstated on the Reinstatement Date. If We have not already acted to approve or decline Your application for reinstatement, this certificate rider will be reinstated without approval 45 days after We receive Your application for reinstatement.

The reinstated rider will only cover charges incurred after the Reinstatement Date.

BENEFIT

This certificate rider provides You with a Benefit Amount if You sustain an Injury for which You receive Emergency Care by a Physician in the Physician's office, an Urgent Care Facility or an Emergency Room within 72 hours after an Injury. This benefit will be paid up to four times per Calendar Year.

CLAIM PROCEDURES

Notice of Claim. Written notice of claim must be given to Us within 20 calendar days after a loss covered by this certificate rider occurs, or as soon as reasonably possible, subject to the Proof of Loss section. Notice must be given to Us at Assurity Life Insurance Company, P.O. Box 82533, Lincoln, Nebraska 68501-2533. The notice should include the Insured Person's name and Certificate number as shown on the Certificate Schedule. Notice should also include the name and address of the individual submitting the notice along with a description of their relationship to the Insured Person, if different, and a statement that payment of a claim is being requested.

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Proof of Loss. Written proof of loss satisfactory to Us must be given to Us within 120 calendar days after such loss. If it is not possible to give written proof in the time required, We will not reduce or deny the claim for this reason if such proof is filed as soon as reasonably possible. In any event, the proof required must be given to Us no later than one year after such loss unless You are legally incapacitated.

Time of Payment of Claim. Benefits for any loss covered by this certificate rider will be paid after We receive written proof satisfactory to Us and all other provisions herein are met.

Time of Loss. Benefits will be paid only for a loss which occurs while this certificate rider is in force. Termination of coverage will not affect any claim, provided the covered loss occurred prior to termination of this certificate rider.

Payment of Claim. All benefits will be paid to You if living or to Your Beneficiary. If no Beneficiary is living, benefits will be paid to Your estate. If benefits are payable to Your estate, We may pay up to \$1,000 to any relative of Yours who We find is entitled to it. Any payment made in good faith will fully discharge Us to the extent of the payment.

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Appeal, if Governed by ERISA. If this policy provides coverage under an employee welfare benefit plan governed by the Employee Retirement Income Security Act (ERISA), 29 U.S.C. 1001 et seq., prior to filing any lawsuit against Us, You or Your Beneficiary (if You are deceased) must complete an appeal. The appeal request must be in writing and must be made within 60 days after receipt of Our denial decision. We will provide written notice of Our decision on appeal.

GENERAL PROVISION

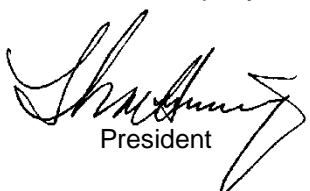
In this certificate rider, "Policy" and "Certificate" mean the Policy and Certificate to which this certificate rider is attached.


TERMINATION

Coverage will terminate and no benefits will be payable on the earliest of the following:

- the date the Certificate terminates for any reason;
- when any premium due for this certificate rider is not paid before the end of the Grace Period; or
- the date We receive written notice to terminate this certificate rider unless the notice specifies a later date.

Assurity Life Insurance Company has signed this certificate rider on the Issue Date.


President


Carol S. Watson
Secretary

**ASSURITY® LIFE INSURANCE COMPANY**

Post Office Box 82533, Lincoln, NE 68501-2533

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**On-the-Job Accident
and Sickness Disability
Income Master Rider**

This master rider is attached to and part of the Policy. The terms of the Policy apply to this master rider unless otherwise stated in this master rider. We issue this master rider based on the Policyholder's and Employee's applications and payment of premium when due. Premium for the certificate rider is included on the Certificate Schedule. The certificate rider premiums are paid to Our administrative office at the same time as the Certificate premiums. After the Policy has been in force 12 months, We may change the premium rates, but not more than once in a 12-month period. We can only do so for all certificate riders under the Policy. A 31-day notice will be given by mail to the Policyholder prior to any premium change.

SCHEDULE

Effective Date: []

DEFINITIONS

Total Disability and Totally Disabled mean a disability due to a Sickness or Injury which occurs while the Employee is Actively at Work and which (a) keeps the Employee from doing the substantial and material duties of their own occupation, (b) starts while the certificate rider is in force, and (c) requires a Physician's care that is appropriate for the Sickness or Injury.

Monthly Benefits are not payable if (a) the disability is due to an Injury and begins more than 30 days after the Injury or (b) the Employee is working for wage, salary or profit during a period of Total Disability.

TOTAL DISABILITY BENEFIT

Monthly Benefit Payment. We will pay the Total Disability Monthly Benefit if the Employee is Totally Disabled and the Elimination Period has been satisfied. We will pay Total Disability Monthly Benefits while the Employee is Totally Disabled or to the end of the Maximum Benefit Period, whichever is first. Total Disability Monthly Benefits will be paid for only one of two or more Concurrent Disabilities. A Total Disability from the same Sickness or Injury is subject to one Maximum Benefit Period. We will not pay for both Sickness and Injury for the same period of Total Disability.

A Recurrent Total Disability is considered a new Total Disability only if it is separated from the ending date of the prior Total Disability by a period of six consecutive months or more where the Employee is Actively Employed on a continuous basis and not receiving any disability monthly benefits under the Certificate or any certificate riders. A new Total Disability is subject to a new Elimination Period and starts a new Maximum Benefit Period. Any other Recurrent Total Disability is considered a continuation of a prior Total Disability. A continuation of a prior Total Disability is not subject to a new Elimination Period, nor does it result in the start of a new Maximum Benefit Period.

Total Disability for Part of a Month. If the Employee's Total Disability is payable for a period less than a full month, We will pay one-thirtieth (1/30) of the Total Disability Monthly Benefit for each day of Total Disability.

PARTIAL DISABILITY BENEFIT

Monthly Benefit Payment. We will pay the Partial Disability Monthly Benefit if the Employee is Partially Disabled and has resumed part-time employment immediately following a period where they received Total Disability Monthly Benefits. Partial Disability payments count toward the Maximum Benefit Period and shall not be paid for a period greater than the Maximum Partial Benefit Period. Partial Disability Monthly Benefits will be paid for only one of two or more Concurrent Disabilities.

Partial Disability for Part of a Month. If the Employee's Partial Disability is payable for a period less than a full month, We will pay one-thirtieth (1/30) of the Partial Disability Monthly Benefit for each day of Partial Disability.

GENERAL PROVISION

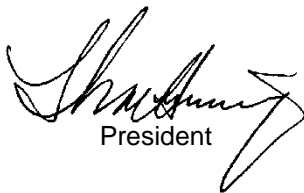
In this master rider, "Policy" and "Certificate" mean the Policy and Certificate to which this master rider and the certificate rider are attached.

TERMINATION

Coverage will terminate and no benefits will be payable on the earliest of the following:

- the date the Policy terminates for any reason; or
- the date We receive written notice to terminate this master rider unless the notice specifies a later date.

Assurity Life Insurance Company has signed this master rider on the Issue Date.


President


Secretary

**ASSURITY® LIFE INSURANCE COMPANY**

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**On-the-Job Accident
and Sickness Disability
Income Certificate Rider**

This certificate rider is attached to and part of the Certificate which is a part of the Policy. The terms of the Policy and Certificate apply to this certificate rider unless otherwise stated in this certificate rider. This certificate rider is issued in return for Your approved application. Premium for this certificate rider is included on the Certificate Schedule. The certificate rider premiums are paid to Our administrative office at the same time as the Certificate premiums. After the Policy has been in force 12 months, We may change the premium rates, but not more than once in a 12-month period. We can only do so for all certificate riders under the Policy. A 31-day notice will be given by mail to the Policyholder prior to any premium change.

SCHEDULE

Insured Person:	[]
Issue Date:	[]
Total Disability Monthly Benefit:	[\$150 - \$2,500]
Maximum Benefit Period:	[3, 6, 12, 24] months
Elimination Period - Accident:	[0, 7, 14, 30, 60, 90, 180] consecutive days
Elimination Period - Sickness:	[7, 14, 30, 60, 90, 180] consecutive days
Partial Disability Monthly Benefit:	[\$75 - \$1,250]
Maximum Partial Benefit Period:	[3 or 6] months

DEFINITIONS

Total Disability and Totally Disabled mean a disability due to a Sickness or Injury which occurs while You are Actively at Work and which (a) keeps You from doing the substantial and material duties of Your own occupation, (b) starts while this certificate rider is in force, and (c) requires a Physician's care that is appropriate for the Sickness or Injury.

Monthly Benefits are not payable if (a) the disability is due to an Injury and begins more than 30 days after the Injury or (b) You are working for wage, salary or profit during a period of Total Disability.

TOTAL DISABILITY BENEFIT

Monthly Benefit Payment. We will pay the Total Disability Monthly Benefit if You are Totally Disabled and the Elimination Period has been satisfied. We will pay Total Disability Monthly Benefits while You are Totally Disabled or to the end of the Maximum Benefit Period, whichever is first. Total Disability Monthly Benefits will be paid for only one of two or more Concurrent Disabilities. A Total Disability from the same Sickness or Injury is subject to one Maximum Benefit Period. We will not pay for both Sickness and Injury for the same period of Total Disability.

A Recurrent Total Disability is considered a new Total Disability only if it is separated from the ending date of the prior Total Disability by a period of six consecutive months or more where You are Actively Employed on a continuous basis and not receiving any disability monthly benefits under the Certificate or any certificate riders. A new Total Disability is subject to a new Elimination Period and starts a new Maximum Benefit Period. Any other Recurrent Total Disability is considered a continuation of a prior Total Disability. A continuation of a prior Total Disability is not subject to a new Elimination Period, nor does it result in the start of a new Maximum Benefit Period.

Total Disability for Part of a Month. If Your Total Disability is payable for a period less than a full month, We will pay one-thirtieth (1/30) of the Total Disability Monthly Benefit for each day of Total Disability.

PARTIAL DISABILITY BENEFIT

Monthly Benefit Payment. We will pay the Partial Disability Monthly Benefit if You are Partially Disabled and have resumed part-time employment immediately following a period where You received Total Disability Monthly Benefits. Partial Disability payments count toward the Maximum Benefit Period and shall not be paid for a period greater than the Maximum Partial Benefit Period. Partial Disability Monthly Benefits will be paid for only one of two or more Concurrent Disabilities.

Partial Disability for Part of a Month. If Your Partial Disability is payable for a period less than a full month, We will pay one-thirtieth (1/30) of the Partial Disability Monthly Benefit for each day of Partial Disability.

GENERAL PROVISION



In this certificate rider, "Policy" and "Certificate" mean the Policy and Certificate to which this certificate rider is attached.

TERMINATION

Coverage will terminate and no benefits will be payable on the earliest of the following:

- the date the Certificate terminates for any reason;
- when any premium due for this certificate rider is not paid before the end of the Grace Period; or
- the date We receive written notice to terminate this certificate rider unless the notice specifies a later date.

Assurity Life Insurance Company has signed this certificate rider on the Issue Date.

 President	 Secretary
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**ASSURITY® LIFE INSURANCE COMPANY**

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**On-the-Job
Accident-Only Disability
Income Master Rider**

This master rider is attached to and part of the Policy. The terms of the Policy apply to this master rider unless otherwise stated in this master rider. We issue this master rider based on the Policyholder's and Employee's applications and payment of premium when due. Premium for the certificate rider is included on the Certificate Schedule. The certificate rider premiums are paid to Our administrative office at the same time as the Certificate premiums. After the Policy has been in force 12 months, We may change the premium rates, but not more than once in a 12-month period. We can only do so for all certificate riders under the Policy. A 31-day notice will be given by mail to the Policyholder prior to any premium change.

SCHEDULE

Effective Date: []

DEFINITIONS

Total Disability and **Totally Disabled** mean a disability due to an Injury which occurs while the Employee is Actively at Work and which (a) keeps the Employee from doing the substantial and material duties of their own occupation, (b) starts while the certificate rider is in force, and (c) requires a Physician's care that is appropriate for the Injury.

Monthly Benefits are not payable if (a) the disability is due to an Injury and begins more than 30 days after the Injury or (b) the Employee is working for wage, salary or profit during a period of Total Disability.

TOTAL DISABILITY BENEFIT

Monthly Benefit Payment. We will pay the Total Disability Monthly Benefit if the Employee is Totally Disabled and the Elimination Period has been satisfied. We will pay Total Disability Monthly Benefits while the Employee is Totally Disabled or to the end of the Maximum Benefit Period, whichever is first. Total Disability Monthly Benefits will be paid for only one of two or more Concurrent Disabilities. A Total Disability from the same Injury is subject to one Maximum Benefit Period.

A Recurrent Total Disability is considered a new Total Disability only if it is separated from the ending date of the prior Total Disability by a period of six consecutive months or more where the Employee is Actively Employed on a continuous basis and not receiving any disability monthly benefits under the Certificate or any certificate riders. A new Total Disability is subject to a new Elimination Period and starts a new Maximum Benefit Period. Any other Recurrent Total Disability is considered a continuation of a prior Total Disability. A continuation of a prior Total Disability is not subject to a new Elimination Period, nor does it result in the start of a new Maximum Benefit Period.

Total Disability for Part of a Month. If the Employee's Total Disability is payable for a period less than a full month, We will pay one-thirtieth (1/30) of the Total Disability Monthly Benefit for each day of Total Disability.

PARTIAL DISABILITY BENEFIT

Monthly Benefit Payment. We will pay the Partial Disability Monthly Benefit if the Employee is Partially Disabled and has resumed part-time employment immediately following a period where they received Total Disability Monthly Benefits. Partial Disability payments count toward the Maximum Benefit Period and shall not be paid for a period greater than the Maximum Partial Benefit Period. Partial Disability Monthly Benefits will be paid for only one of two or more Concurrent Disabilities.

Partial Disability for Part of a Month. If the Employee's Partial Disability is payable for a period less than a full month, We will pay one-thirtieth (1/30) of the Partial Disability Monthly Benefit for each day of Partial Disability.

GENERAL PROVISION


In this master rider, "Policy" and "Certificate" mean the Policy and Certificate to which this master rider and the certificate rider are attached.

TERMINATION

Coverage will terminate and no benefits will be payable on the earliest of the following:

- the date the Policy terminates for any reason; or
- the date We receive written notice to terminate this master rider unless the notice specifies a later date.

Assurity Life Insurance Company has signed this master rider on the Issue Date.


President


Secretary

**ASSURITY® LIFE INSURANCE COMPANY**

Post Office Box 82533, Lincoln, NE 68501-2533

(402) 476-6500 • (800) 869-0355 • www.assurity.com

**On-the-Job
Accident-Only Disability
Income Certificate Rider**

This certificate rider is attached to and part of the Certificate which is a part of the Policy. The terms of the Policy and Certificate apply to this certificate rider unless otherwise stated in this certificate rider. This certificate rider is issued in return for Your approved application. Premium for this certificate rider is included on the Certificate Schedule. The certificate rider premiums are paid to Our administrative office at the same time as the Certificate premiums. After the Policy has been in force 12 months, We may change the premium rates, but not more than once in a 12-month period. We can only do so for all certificate riders under the Policy. A 31-day notice will be given by mail to the Policyholder prior to any premium change.

SCHEDULE

Insured Person:	[]
Issue Date:	[]
Total Disability Monthly Benefit:	[\$150 - \$2,500]
Maximum Benefit Period:	[3, 6, 12, 24] months
Elimination Period:	[0, 7, 14, 30, 60, 90, 180] consecutive days
Partial Disability Monthly Benefit:	[\$75 - \$1,250]
Maximum Partial Benefit Period:	[3 or 6] months

DEFINITIONS

Total Disability and **Totally Disabled** mean a disability due to an Injury which occurs while You are Actively at Work and which (a) keeps You from doing the substantial and material duties of Your own occupation, (b) starts while this certificate rider is in force, and (c) requires a Physician's care that is appropriate for the Injury.

Monthly Benefits are not payable if (a) the disability is due to an Injury and begins more than 30 days after the Injury or (b) You are working for wage, salary or profit during a period of Total Disability.

TOTAL DISABILITY BENEFIT

Monthly Benefit Payment. We will pay the Total Disability Monthly Benefit if You are Totally Disabled and the Elimination Period has been satisfied. We will pay Total Disability Monthly Benefits while You are Totally Disabled or to the end of the Maximum Benefit Period, whichever is first. Total Disability Monthly Benefits will be paid for only one of two or more Concurrent Disabilities. A Total Disability from the same Injury is subject to one Maximum Benefit Period.

A Recurrent Total Disability is considered a new Total Disability only if it is separated from the ending date of the prior Total Disability by a period of six consecutive months or more where You are Actively Employed on a continuous basis and not receiving any disability monthly benefits under the Certificate or any certificate riders. A new Total Disability is subject to a new Elimination Period and starts a new Maximum Benefit Period. Any other Recurrent Total Disability is considered a continuation of a prior Total Disability. A continuation of a prior Total Disability is not subject to a new Elimination Period, nor does it result in the start of a new Maximum Benefit Period.

Total Disability for Part of a Month. If Your Total Disability is payable for a period less than a full month, We will pay one-thirtieth (1/30) of the Total Disability Monthly Benefit for each day of Total Disability.

PARTIAL DISABILITY BENEFIT

Monthly Benefit Payment. We will pay the Partial Disability Monthly Benefit if You are Partially Disabled and have resumed part-time employment immediately following a period where You received Total Disability Monthly Benefits. Partial Disability payments count toward the Maximum Benefit Period and shall not be paid for a period greater than the Maximum Partial Benefit Period. Partial Disability Monthly Benefits will be paid for only one of two or more Concurrent Disabilities.

Partial Disability for Part of a Month. If Your Partial Disability is payable for a period less than a full month, We will pay one-thirtieth (1/30) of the Partial Disability Monthly Benefit for each day of Partial Disability.

GENERAL PROVISION

In this certificate rider, "Policy" and "Certificate" mean the Policy and Certificate to which this certificate rider is attached.

TERMINATION

Coverage will terminate and no benefits will be payable on the earliest of the following:

- the date the Certificate terminates for any reason;
- when any premium due for this certificate rider is not paid before the end of the Grace Period; or
- the date We receive written notice to terminate this certificate rider unless the notice specifies a later date.

Assurity Life Insurance Company has signed this certificate rider on the Issue Date.


President


Secretary

**ASSURITY® LIFE INSURANCE COMPANY**

Post Office Box 82533, Lincoln, NE 68501-2533

(402) 476-6500 • (800) 869-0355 • www.assurity.com

**Retroactive Injury
Benefit Master Rider**

This master rider is attached to and part of the Policy. The terms of the Policy apply to this master rider unless otherwise stated in this master rider. We issue this master rider based on the Policyholder's and Employee's applications and payment of premium when due. Premium for the certificate rider is included on the Certificate Schedule. The certificate rider premiums are paid to Our administrative office at the same time as the Certificate premiums. After the Policy has been in force 12 months, We may change the premium rates, but not more than once in a 12-month period. We can only do so for all certificate riders under the Policy. A 31-day notice will be given by mail to the Policyholder prior to any premium change.

SCHEDULE

Effective Date: []

BENEFIT

We will pay the certificate rider's benefit if an Injury causes the Employee to become Totally Disabled within 30 days of such Injury, and they are continuously Totally Disabled from the date of their Injury until the end of the Elimination Period. The benefit is a lump sum amount equal to the Total Disability Monthly Benefit times the number of days in the Elimination Period divided by 30. We will pay the benefit at the end of the Elimination Period.

This benefit does not apply to any certificate riders attached to the Certificate.

GENERAL PROVISION

In this master rider, "Policy" and "Certificate" mean the Policy and Certificate to which this master rider and the certificate rider are attached.

TERMINATION

Coverage will terminate and no benefits will be payable on the earliest of the following:

- the date the Policy terminates for any reason; or
- the date We receive written notice to terminate this master rider unless the notice specifies a later date.

Assurity Life Insurance Company has signed this master rider on the Effective Date.


President


Secretary

**ASSURITY® LIFE INSURANCE COMPANY**

Post Office Box 82533, Lincoln, NE 68501-2533

(402) 476-6500 • (800) 869-0355 • www.assurity.com

**Retroactive Injury
Benefit Certificate Rider**

This certificate rider is attached to and part of the Certificate which is a part of the Policy. The terms of the Policy and Certificate apply to this certificate rider unless otherwise stated in this certificate rider. This certificate rider is issued in return for Your approved application. Premium for this certificate rider is included on the Certificate Schedule. The certificate rider premiums are paid to Our administrative office at the same time as the Certificate premiums. After the Policy has been in force 12 months, We may change the premium rates, but not more than once in a 12-month period. We can only do so for all certificate riders under the Policy. A 31-day notice will be given by mail to the Policyholder prior to any premium change.

SCHEDULE

Insured Person: []
Issue Date: []
Elimination Period: [7, 14, 30, 60, 90, 180] consecutive days

BENEFIT

We will pay this certificate rider's benefit if an Injury causes You to become Totally Disabled within 30 days of such Injury, and You are continuously Totally Disabled from the date of Your Injury until the end of the Elimination Period. The benefit is a lump sum amount equal to the Total Disability Monthly Benefit times the number of days in the Elimination Period divided by 30. We will pay the benefit at the end of the Elimination Period.

This benefit does not apply to any certificate riders attached to the Certificate.

GENERAL PROVISION

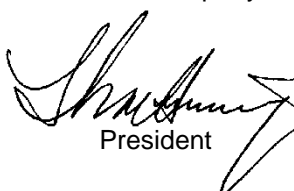
In this certificate rider, "Policy" and "Certificate" mean the Policy and Certificate to which this certificate rider is attached.

TERMINATION

Coverage will terminate and no benefits will be payable on the earliest of the following:

- the date the Certificate terminates for any reason;
- when any premium due for this certificate rider is not paid before the end of the Grace Period; or
- the date We receive written notice to terminate this certificate rider unless the notice specifies a later date.

Assurity Life Insurance Company has signed this certificate rider on the Issue Date.


President


Secretary

**ASSURITY® LIFE INSURANCE COMPANY**

Post Office Box 82533, Lincoln, NE 68501-2533

(402) 476-6500 • (800) 869-0355 • www.assurity.com

Spouse Accident-Only**Disability Income****Master Rider**

This master rider is attached to and part of the Policy. The terms of the Policy apply to this master rider unless otherwise stated in this master rider. We issue this master rider based on the Policyholder's and Employee's applications and payment of premium when due. Premium for the certificate rider is included on the Certificate Schedule. The certificate rider premiums are paid to Our administrative office at the same time as the Certificate premiums. After the Policy has been in force 12 months, We may change the premium rates, but not more than once in a 12-month period. We can only do so for all certificate riders under the Policy. A 31-day notice will be given by mail to the Policyholder prior to any premium change.

SCHEDULE

Effective Date: []

DEFINITIONS

Actively Employed means working for pay at least 30 hours per week.

Any Occupation means an occupation, which fits the Insured Person by education, training or experience.

Recurrent Total Disability means a situation in which the Insured Person becomes Totally Disabled, ceases to be Totally Disabled, then becomes Totally Disabled again from the same Injury. The latter Total Disability will be considered a Recurrent Total Disability.

Spouse means the person to whom the Employee is lawfully married and is named on the Employee's application for the certificate rider as their Spouse at the time the Employee applied for the certificate rider. No more than one Spouse may be insured at any given time.

Total Disability and **Totally Disabled** mean a disability due to an Injury which (a) keeps the Insured Person from doing the substantial and material duties of their own occupation if the Insured Person is Actively Employed or (b) is unable to perform the ordinary daily duties and activities of Any Occupation if not Actively Employed, and (c) starts while the certificate rider is in force, and (d) requires a Physician's care that is appropriate for the Injury.

Monthly Benefits are not payable if (a) the disability is due to an Injury and begins more than 30 days after the Injury or (b) the Insured Person is working for wage, salary or profit during a period of Total Disability.

BENEFIT

Monthly Benefit Payment. We will pay the Monthly Benefit if the Insured Person is Totally Disabled and the Elimination Period has been satisfied. We will pay Monthly Benefits while the Insured Person is Totally Disabled or to the end of the Maximum Benefit Period, whichever is first. Monthly Benefits will be paid for only one of two or more Concurrent Disabilities. A Total Disability from the same Injury is subject to one Maximum Benefit Period.

A Recurrent Total Disability is considered a new Total Disability only if it is separated from the ending date of the prior Total Disability by a period of six consecutive months or more where the Insured Person is Actively Employed on a continuous basis or able to perform the ordinary daily duties and activities of Any Occupation if not Actively Employed and not receiving any disability Monthly Benefits under the certificate rider. A new Total Disability is subject to a new Elimination Period and starts a new Maximum Benefit Period. Any other Recurrent Total Disability is considered a continuation of a prior Total Disability. A continuation of a prior Total Disability is not subject to a new Elimination Period, nor does it result in the start of a new Maximum Benefit Period. Monthly Benefits for Partial Disability are not payable.

Total Disability for Part of a Month. If the Insured Person's Total Disability is payable for a period less than a full month, We will pay one-thirtieth (1/30) of the Monthly Benefit for each day of Total Disability.

GENERAL PROVISION

In this master rider, "Policy" and "Certificate" mean the Policy and Certificate to which this master rider and the certificate rider are attached.

TERMINATION

Termination of Master Rider. Coverage will terminate and no benefits will be payable on the earliest of the following:

- the date the Policy terminates for any reason; or
- the date We receive written notice to terminate this master rider unless the notice specifies a later date.

Termination of Certificate Rider. Coverage will terminate and no benefits will be payable on the earliest of the following:

- the date the Certificate terminates for any reason;
- the policy anniversary following the Insured Person's 70th birthday;
- when any premium due for the certificate rider is not paid before the end of the Grace Period;
- the date We receive written notice to terminate the certificate rider unless the notice specifies a later date;
- when the Insured Person establishes residence in a foreign country; or
- upon the Insured Person's death.

Assurity Life Insurance Company has signed this master rider on the Effective Date.


President


Secretary

**ASSURITY® LIFE INSURANCE COMPANY**

Post Office Box 82533, Lincoln, NE 68501-2533

(402) 476-6500 • (800) 869-0355 • www.assurity.com

Spouse Accident-Only**Disability Income****Certificate Rider**

This certificate rider is attached to and part of the Certificate which is a part of the Policy. The terms of the Policy and Certificate apply to this certificate rider unless otherwise stated in this certificate rider. This certificate rider is issued in return for Your approved application. Premium for this certificate rider is included on the Certificate Schedule. The certificate rider premiums are paid to Our administrative office at the same time as the Certificate premiums. After the Policy has been in force 12 months, We may change the premium rates, but not more than once in a 12-month period. We can only do so for all certificate riders under the Policy. A 31-day notice will be given by mail to the Policyholder prior to any premium change.

SCHEDULE

Insured Person:	[]
Issue Date:	[]
Monthly Benefit:	[\$600 or \$1,200]	
Maximum Benefit Period:	6 months	
Elimination Period:	7 consecutive days	

DEFINITIONS

Actively Employed means working for pay at least 30 hours per week.

Any Occupation means an occupation, which fits the Insured Person by education, training or experience.

Recurrent Total Disability means a situation in which the Insured Person becomes Totally Disabled, ceases to be Totally Disabled, then becomes Totally Disabled again from the same Injury. The latter Total Disability will be considered a Recurrent Total Disability.

Spouse means the person to whom You are lawfully married and is named on Your application for this certificate rider as Your Spouse at the time You applied for this certificate rider. No more than one Spouse may be insured at any given time.

Total Disability and **Totally Disabled** mean a disability due to an Injury which (a) keeps the Insured Person from doing the substantial and material duties of their own occupation if the Insured Person is Actively Employed or (b) is unable to perform the ordinary daily duties and activities of Any Occupation if not Actively Employed, and (c) starts while this certificate rider is in force, and (d) requires a Physician's care that is appropriate for the Injury.

Monthly Benefits are not payable if (a) the disability is due to an Injury and begins more than 30 days after the Injury or (b) the Insured Person is working for wage, salary or profit during a period of Total Disability.

BENEFIT

Monthly Benefit Payment. We will pay the Monthly Benefit if the Insured Person is Totally Disabled and the Elimination Period has been satisfied. We will pay Monthly Benefits while the Insured Person is Totally Disabled or to the end of the Maximum Benefit Period, whichever is first. Monthly Benefits will be paid for only one of two or more Concurrent Disabilities. A Total Disability from the same Injury is subject to one Maximum Benefit Period.

A Recurrent Total Disability is considered a new Total Disability only if it is separated from the ending date of the prior Total Disability by a period of six consecutive months or more where the Insured Person is Actively Employed on a continuous basis or able to perform the ordinary daily duties and activities of Any Occupation if not Actively Employed and not receiving any disability Monthly Benefits under this certificate rider. A new Total Disability is subject to a new Elimination Period and starts a new Maximum Benefit Period. Any other Recurrent Total Disability is considered a continuation of a prior Total Disability. A continuation of a prior Total Disability is not subject to a new Elimination Period, nor does it result in the start of a new Maximum Benefit Period. Monthly Benefits for Partial Disability are not payable.

Total Disability for Part of a Month. If the Insured Person's Total Disability is payable for a period less than a full month, We will pay one-thirtieth (1/30) of the Monthly Benefit for each day of Total Disability.

GENERAL PROVISION

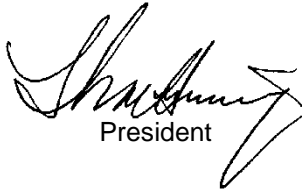

In this certificate rider, "Policy" and "Certificate" mean the Policy and Certificate to which this certificate rider is attached.

TERMINATION

Coverage will terminate and no benefits will be payable on the earliest of the following:

- the date the Certificate terminates for any reason;
- the policy anniversary following the Insured Person's 70th birthday;
- when any premium due for this certificate rider is not paid before the end of the Grace Period;
- the date We receive written notice to terminate this certificate rider unless the notice specifies a later date;
- when the Insured Person establishes residence in a foreign country; or
- upon the Insured Person's death.

Assurity Life Insurance Company has signed this certificate rider on the Issue Date.

 President	 Secretary
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DISABILITY INCOME

Plans	Industry Class	Benefit Options	Riders	Premium Amt.
<input type="checkbox"/> Off-the-job Accident-only Disability Income <input type="checkbox"/> Off-the-job Accident and Sickness Disability Income	<input type="checkbox"/> Class 1 <input type="checkbox"/> Class 2 <input type="checkbox"/> Class 3 <input type="checkbox"/> Class 4	Monthly Benefit Amt. \$ _____ Benefit Period: <input type="checkbox"/> 3 months <input type="checkbox"/> 6 months <input type="checkbox"/> 12 months <input type="checkbox"/> 24 months	<input type="checkbox"/> Emergency Accident Rider <input type="checkbox"/> \$100 <input type="checkbox"/> \$150 <input type="checkbox"/> \$200 <input type="checkbox"/> On-the-job Disability Income Rider <input type="checkbox"/> Retroactive Injury Benefit Rider <input type="checkbox"/> Spouse Accident-only Disability Income Rider <input type="checkbox"/> \$600 <input type="checkbox"/> \$1,200 <input type="checkbox"/> Other (specify) _____	
		Accident-only Elimination: <input type="checkbox"/> 0 days <input type="checkbox"/> 7 days <input type="checkbox"/> 14 days <input type="checkbox"/> 30 days <input type="checkbox"/> 60 days <input type="checkbox"/> 90 days <input type="checkbox"/> 180 days		
		Accident/Sickness Elimination: <input type="checkbox"/> 0/7 days <input type="checkbox"/> 7/7 days <input type="checkbox"/> 0/14 days <input type="checkbox"/> 14/14 days <input type="checkbox"/> 30/30 days <input type="checkbox"/> 60/60 days <input type="checkbox"/> 90/90 days <input type="checkbox"/> 180/180 days		

HEALTH SECTION

Please answer the following questions.

- During the past **6 months**, has any Proposed Insured missed work for more than 5 consecutive days due to personal injury or illness (except pregnancy)? ☐ Yes ☐ No
- During the past **12 months**, has any Proposed Insured been hospitalized, disabled or advised to have diagnostic tests or any medical or surgical procedures by a medical professional that have not been completed or for which results have not been received? **If YES, please provide complete details in #5 below.** ☐ Yes ☐ No
- During the past **5 years**, has any Proposed Insured consulted with or been diagnosed, treated, hospitalized or prescribed medication by a medical professional for, or had symptoms of any of the following: disease or disorder of the heart (including heart attack, heart condition, heart valve disorder), circulatory system, liver, lungs (including chronic obstructive pulmonary disease (COPD) and emphysema) or kidneys; high blood pressure with reading of 160/100 or higher; hepatitis (other than type A); stroke; transient ischemic attack (TIA); insulin dependent diabetes; cancer (excluding skin); Hodgkin's disease; leukemia; dementia; multiple sclerosis; muscular dystrophy; or alcohol or drug abuse? **If YES, please provide complete details in #5 below.** ☐ Yes ☐ No
- During the past **5 years**, has any Proposed Insured consulted with or been diagnosed, treated, hospitalized or prescribed medication by a medical professional for, or had symptoms of any of the following: disease or disorder of the back, neck knees, shoulder or joints; carpal tunnel syndrome; chronic fatigue, fibromyalgia; lupus; or asthma (requiring steroids)? **If YES, please provide complete details in #5 below.** ☐ Yes ☐ No

5. **DETAILS:** Enter complete details from questions 1-4 below. If additional space is needed, attach a separate sheet of paper.

Question No.	Name (First, Middle, Last)	Relationship to Insured	Date(s) of Condition (MM/DD/YYYY)	Health Condition and Details	Medical Care Provider's Name/Address/Phone





EMPLOYER INFORMATION

Employer Name	Employer's Tax I.D. No.
<small>Street Address</small>	<small>City</small>
<small>State</small>	<small>ZIP+4</small>

Address

Contact Name	Contact Title
--------------	---------------

Contact Phone No. ()	Contact Fax No. ()	Contact Email
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1. Details of any subsidiaries or affiliates to be insured _____

2. Name and nature of business _____

3. Type of business: ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Sole Proprietor ☐ Other _____

4. Percent of premium paid by employer for employees _____ %

5. Waiting period: For current employees _____ For new employees _____

6. How many eligible full-time employees? _____ Hours required for benefit eligibility _____

7. Does this insurance replace existing insurance with any company? If YES, provide details below.

Company Name	Group/Policy Number	Termination Date (MM/DD/YYYY)
		/ /
		/ /
		/ /

8. Requested effective date of insurance ____ / ____ / ____ (MM/DD/YYYY)

9. Is this an ERISA Plan? ☐ Yes ☐ No

10. Third-party administrator (TPA) must be approved by and under contract with Assurity. If a TPA will be involved, please provide the information below.

Name _____

Address _____
Street Address City State ZIP+4

Additional information or details _____

NOTE: There is an "actively employed" requirement for coverage to be in force. Any employee unable to perform the material and substantial duties of their regular occupation will not be insured until this requirement is satisfied.



ENROLLMENT INFORMATION**ACCIDENT EXPENSE— Policy and rider availability, features and rates may vary by state**

Plans	Riders
<input type="checkbox"/> 24-hour Accident Expense	<input type="checkbox"/> Accident-only Disability Income Rider Benefit Period: <input type="checkbox"/> 6-month <input type="checkbox"/> 12-month
<input type="checkbox"/> Off-the-job Accident Expense	Benefit Amount: <input type="checkbox"/> \$600 <input type="checkbox"/> \$1,200
Premium paid by: <input type="checkbox"/> pre-tax deduction	<input type="checkbox"/> Wellness Benefit Rider
<input type="checkbox"/> after-tax deduction	<input type="checkbox"/> Other (specify) _____

CRITICAL ILLNESS—Policy and rider availability, features and rates may vary by state

Plan	Riders
<input type="checkbox"/> Critical Illness	<input type="checkbox"/> Cancer Benefit Rider
	<input type="checkbox"/> Cancer Benefit Rider with Recurrence Benefit
	<input type="checkbox"/> Health Screening Benefit Rider
	<input type="checkbox"/> Recurrence Benefit Rider
	<input type="checkbox"/> Other (specify) _____

DISABILITY INCOME— Policy and rider availability, features and rates may vary by state

Plans	Riders
<input type="checkbox"/> Off-the-job Accident-only Disability Income	<input type="checkbox"/> Emergency Accident Rider <input type="checkbox"/> \$100 <input type="checkbox"/> \$150 <input type="checkbox"/> \$200
<input type="checkbox"/> Off-the-job Accident and Sickness Disability Income	<input type="checkbox"/> On-the-job Disability Income Rider
	<input type="checkbox"/> Retroactive Injury Benefit Rider
Premium paid by: <input type="checkbox"/> pre-tax deduction	<input type="checkbox"/> Spouse Accident-only Disability Income Rider <input type="checkbox"/> \$600 <input type="checkbox"/> \$1,200
<input type="checkbox"/> after-tax deduction	<input type="checkbox"/> Other (specify) _____

AUTHORIZATION AND AGREEMENT

Assurity Life Insurance Company reserves the right to withdraw the policy if participation during the initial enrollment is less than [10] covered Certificate holders or any other state-specific participation requirements. It is understood and agreed that this application shall be made a part of the policy applied for and that no insurance shall be effective until approved by the Company at its home office. The Employer acknowledges that compliance with federal and state employment laws is solely the responsibility of the Employer.

Any person who knowingly, and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall also be subject to a substantial civil penalty where and to the extent allowed by state law.

Signed at _____ on _____ / _____ / _____
City State Date (MM/DD/YYYY)

Employer Signature Title

Signature of Licensed Agent Print Agent Name and Agent No.



SERFF Tracking #:	SEFL-128741971	State Tracking #:		Company Tracking #:	GRP DI PRO
State:	Arkansas	Filing Company:	Assurity Life Insurance Company		
TOI/Sub-TOI:	H11G Group Health - Disability Income/H11G.005 Combined Short Term and Long Term				
Product Name:	Grp DI PRO				
Project Name/Number:	Grp DI PRO Forms/Grp DI PRO				

Rate Information

Rate data applies to filing.

Filing Method:	Approve
Rate Change Type:	Neutral
Overall Percentage of Last Rate Revision:	0.000%
Effective Date of Last Rate Revision:	
Filing Method of Last Filing:	

Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
Assurity Life Insurance Company	0.000%	0.000%	\$0	0	\$0	0.000%	0.000%

State:	Arkansas	Filing Company:	Assurity Life Insurance Company
TOI/Sub-TOI:	H11G Group Health - Disability Income/H11G.005 Combined Short Term and Long Term		
Product Name:	Grp DI PRO		
Project Name/Number:	Grp DI PRO Forms/Grp DI PRO		

Rate/Rule Schedule

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments
1	Approved-Closed 11/05/2012	Attachment A	G H1213 (AR), G H1213C (AR), G H1214 (AR), G H1214C (AR), R G1215 (AR), R G1215C (AR), R G1216, R G1216C, R G1217, R G1217C, R G1218, R G1218C, R G1219, R G1219C	New		Attachment A - DI Group Plan.pdf

Attachment A

**Assurity Life Insurance Company
Annual Premium Rates per \$100 Monthly Benefit for Policy Form W H1206, et al.
Unisex Level Premium by Issue Age**

Policy Form G H1213/G H1213C: Accident and Sickness Base, Annual Premiums per \$100 Monthly Benefit

Benefit Period Accident EP/Sickness EP	3 Months								6 Months							
	00/07	07/07	0/14	14/14	30/30	60/60	90/90	180/180	00/07	07/07	0/14	14/14	30/30	60/60	90/90	180/180
Class 1																
18-49	27.70	25.95	22.11	18.53	10.18	7.57	2.71	2.38	33.89	31.77	27.23	22.86	13.59	10.38	4.42	3.89
50-59	31.78	28.50	26.15	21.05	13.04	10.65	6.21	5.46	41.71	38.17	34.51	28.73	19.35	16.22	10.41	9.16
60-69	37.23	33.95	33.68	28.58	20.32	16.94	10.65	9.38	51.40	47.86	46.90	41.12	31.10	26.59	18.21	16.03
70+	39.35	36.07	36.68	31.58	23.23	19.38	12.24	10.77	55.34	51.80	52.08	46.30	35.92	30.72	21.07	18.54
Class 2																
18-49	32.24	29.92	26.04	22.01	13.13	9.97	4.12	3.63	39.62	36.80	32.21	27.33	17.77	13.90	6.71	5.91
50-59	35.24	31.98	29.35	24.38	16.56	13.77	8.60	7.57	46.43	42.89	38.81	33.22	24.55	20.99	14.39	12.66
60-69	41.61	38.35	34.63	29.66	23.49	19.75	12.80	11.26	57.73	54.20	48.18	42.58	35.92	30.99	21.83	19.21
70+	44.27	41.01	36.75	31.78	26.28	22.07	14.24	12.53	62.59	59.05	52.09	46.49	40.62	34.97	24.47	21.54
Class 3																
18-49	35.23	32.66	30.46	25.93	16.61	12.97	6.22	5.47	43.40	40.30	37.85	32.38	22.72	18.32	10.13	8.91
50-59	37.82	34.69	33.54	28.44	21.43	18.07	11.84	10.42	50.08	46.64	44.63	38.82	31.76	27.57	19.78	17.41
60-69	45.38	42.25	39.94	34.85	28.85	25.20	18.41	16.20	63.44	60.00	56.02	50.21	44.15	39.68	31.37	27.60
70+	48.65	45.52	42.67	37.57	31.79	27.94	20.80	18.30	69.36	65.92	61.01	55.20	49.18	44.45	35.67	31.39
Class 4																
18-49	40.46	37.17	35.20	29.33	18.81	14.77	7.27	6.40	50.04	46.07	43.87	36.78	25.86	20.95	11.84	10.42
50-59	44.70	40.05	39.80	32.57	24.50	20.59	13.33	11.73	59.26	53.92	52.93	44.47	36.30	31.38	22.24	19.58
60-69	53.68	49.03	47.35	40.12	32.39	28.19	20.39	17.94	75.14	69.80	66.33	57.86	49.55	44.35	34.69	30.53
70+	57.59	52.94	50.58	43.35	35.50	31.10	22.95	20.19	82.26	76.92	72.24	63.77	54.91	49.45	39.30	34.59

Attachment A

**Assurity Life Insurance Company
Annual Premium Rates per \$100 Monthly Benefit for Policy Form W H1206, et al.
Unisex Level Premium by Issue Age**

Policy Form G H1213/G H1213C: Accident and Sickness Base, Annual Premiums per \$100 Monthly Benefit

Benefit Period Accident EP/Sickness EP	12 Months								24 Months							
	00/07	07/07	0/14	14/14	30/30	60/60	90/90	180/180	00/07	07/07	0/14	14/14	30/30	60/60	90/90	180/180
Class 1																
18-49	42.59	40.02	34.45	29.06	18.98	14.95	7.46	6.56	52.78	49.86	42.98	36.58	24.30	19.64	10.97	9.66
50-59	58.08	53.70	48.48	41.27	30.56	26.37	18.59	16.35	82.18	76.15	69.23	59.72	44.24	39.09	29.53	25.98
60-69	76.75	72.36	70.76	63.56	51.68	45.35	33.59	29.56	116.17	110.14	108.04	98.53	78.30	69.98	54.53	47.98
70+	84.78	80.40	80.65	73.45	60.74	53.25	39.33	34.61	131.41	125.38	126.01	116.50	93.43	83.25	64.34	56.62
Class 2																
18-49	49.96	46.56	40.89	34.94	25.12	20.30	11.34	9.98	62.08	58.20	51.13	44.16	32.37	26.87	16.66	14.66
50-59	64.77	60.34	54.50	47.52	38.63	34.07	25.61	22.54	91.78	85.47	77.73	68.33	55.67	50.36	40.52	35.66
60-69	86.36	81.93	72.43	65.45	59.48	52.71	40.15	35.33	130.85	124.54	110.23	100.83	89.71	81.04	64.94	57.15
70+	96.06	91.63	80.33	73.35	68.45	60.43	45.54	40.07	149.00	142.69	125.09	115.69	104.87	94.16	74.26	65.35
Class 3																
18-49	54.85	51.12	48.25	41.61	32.41	27.04	17.07	15.03	68.24	64.05	60.50	52.79	41.94	36.02	25.02	22.02
50-59	70.04	65.62	62.87	55.54	49.92	44.73	35.10	30.89	99.43	92.89	89.92	79.84	71.79	66.01	55.27	48.64
60-69	95.24	90.82	84.60	77.27	73.02	67.59	57.50	50.60	144.66	138.11	129.16	119.08	109.94	103.90	92.67	81.55
70+	106.89	102.48	94.55	87.22	82.79	76.96	66.14	58.21	166.20	159.65	147.68	137.60	126.59	119.90	107.47	94.57
Class 4																
18-49	63.41	58.66	56.04	47.42	37.02	31.05	19.96	17.56	79.05	73.74	70.35	60.35	48.03	41.45	29.23	25.73
50-59	82.82	75.83	74.40	63.56	56.99	50.83	39.39	34.67	117.57	107.23	106.25	91.23	81.80	74.82	61.87	54.44
60-69	112.65	105.66	99.80	88.95	81.81	75.39	63.47	55.85	170.87	160.54	151.89	136.87	122.93	115.63	102.07	89.82
70+	126.56	119.58	111.50	100.65	92.28	85.43	72.73	64.00	196.46	186.12	173.55	158.53	140.81	132.79	117.91	103.76

Attachment A

**Assurity Life Insurance Company
Annual Premium Rates per \$100 Monthly Benefit for Policy Form W H1206, et al.
Unisex Level Premium by Issue Age**

Policy Form G H1214/G H1214C: Accident Only Base, Annual Premiums per \$100 Monthly Benefit

Benefit Period Accident Elimination Period	3 Months							6 Months								
	00	07		14	30	60	90	180	00	07		14	30	60	90	180
Class 1																
18-49	6.33	4.57		2.75	1.54	1.14	0.42	0.37	7.89	5.76		3.52	2.17	1.65	0.68	0.60
50-59	7.85	4.57		2.75	1.54	1.14	0.42	0.37	9.30	5.76		3.52	2.17	1.65	0.68	0.60
60-69	7.85	4.57		2.75	1.54	1.14	0.42	0.37	9.30	5.76		3.52	2.17	1.65	0.68	0.60
70+	7.85	4.57		2.75	1.54	1.14	0.42	0.37	9.30	5.76		3.52	2.17	1.65	0.68	0.60
Class 2																
18-49	8.41	6.08		4.38	2.71	2.10	0.96	0.85	10.49	7.67		5.61	3.83	3.04	1.56	1.38
50-59	9.34	6.08		4.38	2.71	2.10	0.96	0.85	11.21	7.67		5.61	3.83	3.04	1.56	1.38
60-69	9.34	6.08		4.38	2.71	2.10	0.96	0.85	11.21	7.67		5.61	3.83	3.04	1.56	1.38
70+	9.34	6.08		4.38	2.71	2.10	0.96	0.85	11.21	7.67		5.61	3.83	3.04	1.56	1.38
Class 3																
18-49	10.11	7.54		5.58	4.23	3.50	2.15	1.89	12.63	9.53		7.16	5.99	5.12	3.49	3.07
50-59	10.67	7.54		5.58	4.23	3.50	2.15	1.89	12.97	9.53		7.16	5.99	5.12	3.49	3.07
60-69	10.67	7.54		5.58	4.23	3.50	2.15	1.89	12.97	9.53		7.16	5.99	5.12	3.49	3.07
70+	10.67	7.54		5.58	4.23	3.50	2.15	1.89	12.97	9.53		7.16	5.99	5.12	3.49	3.07
Class 4																
18-49	13.25	9.96		7.38	5.47	4.56	2.86	2.51	16.59	12.62		9.49	7.75	6.67	4.65	4.09
50-59	14.61	9.96		7.38	5.47	4.56	2.86	2.51	17.96	12.62		9.49	7.75	6.67	4.65	4.09
60-69	14.61	9.96		7.38	5.47	4.56	2.86	2.51	17.96	12.62		9.49	7.75	6.67	4.65	4.09
70+	14.61	9.96		7.38	5.47	4.56	2.86	2.51	17.96	12.62		9.49	7.75	6.67	4.65	4.09

Attachment A

**Assurity Life Insurance Company
Annual Premium Rates per \$100 Monthly Benefit for Policy Form W H1206, et al.
Unisex Level Premium by Issue Age**

Policy Form G H1214/G H1214C: Accident Only Base, Annual Premiums per \$100 Monthly Benefit

Benefit Period Accident Elimination Period	12 Months							24 Months								
	00	07		14	30	60	90	180	00	07		14	30	60	90	180
Class 1																
18-49	10.01	7.44		4.62	3.18	2.47	1.15	1.01	12.33	9.41		5.93	4.16	3.30	1.70	1.49
50-59	11.82	7.44		4.62	3.18	2.47	1.15	1.01	15.44	9.41		5.93	4.16	3.30	1.70	1.49
60-69	11.82	7.44		4.62	3.18	2.47	1.15	1.01	15.44	9.41		5.93	4.16	3.30	1.70	1.49
70+	11.82	7.44		4.62	3.18	2.47	1.15	1.01	15.44	9.41		5.93	4.16	3.30	1.70	1.49
Class 2																
18-49	13.32	9.92		7.37	5.60	4.56	2.63	2.31	16.44	12.56		9.47	7.30	6.09	3.84	3.38
50-59	14.35	9.92		7.37	5.60	4.56	2.63	2.31	18.87	12.56		9.47	7.30	6.09	3.84	3.38
60-69	14.35	9.92		7.37	5.60	4.56	2.63	2.31	18.87	12.56		9.47	7.30	6.09	3.84	3.38
70+	14.35	9.92		7.37	5.60	4.56	2.63	2.31	18.87	12.56		9.47	7.30	6.09	3.84	3.38
Class 3																
18-49	16.06	12.34		9.42	8.78	7.76	5.86	5.15	19.84	15.66		12.12	11.47	10.43	8.50	7.48
50-59	16.75	12.34		9.42	8.78	7.76	5.86	5.15	22.20	15.66		12.12	11.47	10.43	8.50	7.48
60-69	16.75	12.34		9.42	8.78	7.76	5.86	5.15	22.20	15.66		12.12	11.47	10.43	8.50	7.48
70+	16.75	12.34		9.42	8.78	7.76	5.86	5.15	22.20	15.66		12.12	11.47	10.43	8.50	7.48
Class 4																
18-49	21.11	16.35		12.50	11.36	10.12	7.80	6.86	26.10	20.79		16.11	14.86	13.63	11.33	9.97
50-59	23.34	16.35		12.50	11.36	10.12	7.80	6.86	31.13	20.79		16.11	14.86	13.63	11.33	9.97
60-69	23.34	16.35		12.50	11.36	10.12	7.80	6.86	31.13	20.79		16.11	14.86	13.63	11.33	9.97
70+	23.34	16.35		12.50	11.36	10.12	7.80	6.86	31.13	20.79		16.11	14.86	13.63	11.33	9.97

Attachment A

**Assurity Life Insurance Company
Annual Premium Rates per \$100 Monthly Benefit for Policy Form W H1206, et al.
Unisex Level Premium by Issue Age**

Rider Form R G1216/R G1216C: Accident and Sickness On-Job Rider, Annual Premiums per \$100 Monthly Benefit

Benefit Period Accident EP/Sickness EP	3 Months								6 Months							
	00/07	07/07	0/14	14/14	30/30	60/60	90/90	180/180	00/07	07/07	0/14	14/14	30/30	60/60	90/90	180/180
Class 1																
18-49	4.92	4.04	4.41	2.62	1.42	1.08	0.44	0.38	6.16	5.10	5.55	3.36	2.02	1.56	0.71	0.63
50-59	6.32	4.68	5.76	3.20	1.92	1.52	0.79	0.69	7.89	6.12	7.17	4.28	2.80	2.28	1.31	1.15
60-69	6.86	5.22	6.51	3.96	2.65	2.15	1.23	1.08	8.86	7.09	8.41	5.52	3.98	3.32	2.09	1.84
70+	7.08	5.44	6.81	4.26	2.94	2.40	1.39	1.22	9.25	7.48	8.93	6.04	4.46	3.73	2.38	2.09
Class 2																
18-49	6.20	5.04	5.64	3.62	2.18	1.70	0.80	0.70	7.77	6.36	7.08	4.65	3.10	2.47	1.30	1.14
50-59	7.26	5.63	6.67	4.19	2.74	2.22	1.24	1.09	9.13	7.36	8.36	5.57	3.99	3.31	2.06	1.82
60-69	7.90	6.27	7.20	4.72	3.43	2.81	1.66	1.46	10.26	8.49	9.30	6.50	5.12	4.31	2.81	2.47
70+	8.16	6.53	7.41	4.93	3.71	3.04	1.81	1.59	10.74	8.97	9.69	6.89	5.59	4.71	3.07	2.70
Class 3																
18-49	7.18	5.90	6.76	4.49	3.14	2.56	1.48	1.30	9.01	7.46	8.51	5.77	4.46	3.74	2.41	2.12
50-59	8.05	6.49	7.62	5.08	3.83	3.21	2.04	1.80	10.20	8.48	9.65	6.75	5.57	4.80	3.37	2.97
60-69	8.81	7.24	8.26	5.72	4.58	3.92	2.70	2.38	11.53	9.81	10.79	7.89	6.81	6.01	4.53	3.99
70+	9.13	7.57	8.53	5.99	4.87	4.19	2.94	2.59	12.13	10.41	11.29	8.39	7.31	6.49	4.96	4.37
Class 4																
18-49	8.96	7.32	8.49	5.55	3.86	3.16	1.87	1.65	11.25	9.27	10.69	7.14	5.48	4.62	3.04	2.68
50-59	10.32	7.99	9.83	6.21	4.64	3.88	2.48	2.18	13.11	10.44	12.48	8.24	6.73	5.80	4.08	3.59
60-69	11.21	8.89	10.58	6.96	5.43	4.64	3.18	2.80	14.70	12.03	13.81	9.58	8.06	7.10	5.33	4.69
70+	11.60	9.28	10.90	7.29	5.74	4.93	3.44	3.03	15.41	12.74	14.41	10.17	8.59	7.61	5.79	5.09

Attachment A

**Assurity Life Insurance Company
Annual Premium Rates per \$100 Monthly Benefit for Policy Form W H1206, et al.
Unisex Level Premium by Issue Age**

Rider Form R G1216/R G1216C: Accident and Sickness On-Job Rider, Annual Premiums per \$100 Monthly Benefit

Benefit Period Accident EP/Sickness EP	12 Months								24 Months							
	00/07	07/07	0/14	14/14	30/30	60/60	90/90	180/180	00/07	07/07	0/14	14/14	30/30	60/60	90/90	180/180
Class 1																
18-49	7.88	6.59	7.11	4.42	2.96	2.35	1.21	1.06	9.83	8.36	8.90	5.70	3.88	3.15	1.78	1.56
50-59	10.54	8.34	9.58	5.97	4.33	3.62	2.32	2.04	14.39	11.38	13.10	8.34	6.09	5.23	3.63	3.20
60-69	12.40	10.21	11.80	8.20	6.44	5.52	3.82	3.36	17.79	14.78	16.98	12.22	9.49	8.32	6.13	5.40
70+	13.21	11.01	12.79	9.19	7.35	6.31	4.39	3.87	19.32	16.30	18.78	14.02	11.01	9.64	7.11	6.26
Class 2																
18-49	9.94	8.24	9.09	6.11	4.54	3.72	2.19	1.92	12.40	10.46	11.36	7.87	5.95	4.99	3.20	2.82
50-59	12.22	10.00	11.19	7.70	6.10	5.23	3.61	3.18	16.73	13.57	15.32	10.62	8.49	7.47	5.59	4.92
60-69	14.38	12.16	12.98	9.49	8.19	7.09	5.07	4.46	20.64	17.48	18.57	13.87	11.89	10.54	8.03	7.07
70+	15.35	13.13	13.77	10.28	9.08	7.87	5.61	4.93	22.45	19.29	20.06	15.36	13.41	11.85	8.96	7.89
Class 3																
18-49	11.53	9.66	10.92	7.60	6.54	5.67	4.05	3.56	14.38	12.28	13.65	9.80	8.57	7.64	5.90	5.19
50-59	13.71	11.50	12.99	9.32	8.50	7.58	5.85	5.15	18.82	15.55	17.87	12.83	11.77	10.77	8.93	7.86
60-69	16.23	14.02	15.16	11.50	10.81	9.86	8.09	7.12	23.35	20.07	21.80	16.76	15.58	14.56	12.67	11.15
70+	17.39	15.18	16.16	12.49	11.79	10.80	8.96	7.88	25.50	22.23	23.65	18.61	17.25	16.16	14.15	12.45
Class 4																
18-49	14.40	12.02	13.71	9.41	8.04	7.01	5.12	4.50	17.96	15.31	17.14	12.14	10.54	9.46	7.45	6.56
50-59	17.62	14.13	16.78	11.35	10.24	9.13	7.06	6.21	24.21	19.04	23.08	15.56	14.13	12.93	10.72	9.43
60-69	20.60	17.11	19.32	13.89	12.73	11.59	9.47	8.33	29.54	24.37	27.64	20.13	18.24	17.01	14.74	12.97
70+	21.99	18.50	20.49	15.06	13.77	12.59	10.39	9.15	32.10	26.93	29.81	22.30	20.03	18.73	16.32	14.36

Attachment A

**Assurity Life Insurance Company
Annual Premium Rates per \$100 Monthly Benefit for Policy Form W H1206, et al.
Unisex Level Premium by Issue Age**

Rider Form R G1217/R G1217C: Accident Only On-Job Rider, Annual Premiums per \$100 Monthly Benefit

Benefit Period Accident Elimination Period	3 Months							6 Months								
	00	07		14	30	60	90	180	00	07		14	30	60	90	180
Class 1																
18-49	3.17	2.29		1.37	0.77	0.57	0.21	0.18	3.94	2.88		1.76	1.09	0.82	0.34	0.30
50-59	3.93	2.29		1.37	0.77	0.57	0.21	0.18	4.65	2.88		1.76	1.09	0.82	0.34	0.30
60-69	3.93	2.29		1.37	0.77	0.57	0.21	0.18	4.65	2.88		1.76	1.09	0.82	0.34	0.30
70+	3.93	2.29		1.37	0.77	0.57	0.21	0.18	4.65	2.88		1.76	1.09	0.82	0.34	0.30
Class 2																
18-49	4.20	3.04		2.19	1.35	1.05	0.48	0.42	5.25	3.84		2.81	1.91	1.52	0.78	0.69
50-59	4.67	3.04		2.19	1.35	1.05	0.48	0.42	5.60	3.84		2.81	1.91	1.52	0.78	0.69
60-69	4.67	3.04		2.19	1.35	1.05	0.48	0.42	5.60	3.84		2.81	1.91	1.52	0.78	0.69
70+	4.67	3.04		2.19	1.35	1.05	0.48	0.42	5.60	3.84		2.81	1.91	1.52	0.78	0.69
Class 3																
18-49	5.06	3.77		2.79	2.11	1.75	1.07	0.94	6.32	4.77		3.58	3.00	2.56	1.75	1.54
50-59	5.34	3.77		2.79	2.11	1.75	1.07	0.94	6.49	4.77		3.58	3.00	2.56	1.75	1.54
60-69	5.34	3.77		2.79	2.11	1.75	1.07	0.94	6.49	4.77		3.58	3.00	2.56	1.75	1.54
70+	5.34	3.77		2.79	2.11	1.75	1.07	0.94	6.49	4.77		3.58	3.00	2.56	1.75	1.54
Class 4																
18-49	6.63	4.98		3.69	2.74	2.28	1.43	1.26	8.29	6.31		4.75	3.88	3.33	2.32	2.04
50-59	7.31	4.98		3.69	2.74	2.28	1.43	1.26	8.98	6.31		4.75	3.88	3.33	2.32	2.04
60-69	7.31	4.98		3.69	2.74	2.28	1.43	1.26	8.98	6.31		4.75	3.88	3.33	2.32	2.04
70+	7.31	4.98		3.69	2.74	2.28	1.43	1.26	8.98	6.31		4.75	3.88	3.33	2.32	2.04

Attachment A

**Assurity Life Insurance Company
Annual Premium Rates per \$100 Monthly Benefit for Policy Form W H1206, et al.
Unisex Level Premium by Issue Age**

Rider Form R G1217/R G1217C: Accident Only On-Job Rider, Annual Premiums per \$100 Monthly Benefit

Benefit Period Accident Elimination Period	12 Months							24 Months								
	00	07		14	30	60	90	180	00	07		14	30	60	90	180
Class 1																
18-49	5.00	3.72		2.31	1.59	1.23	0.57	0.51	6.16	4.70		2.96	2.08	1.65	0.85	0.75
50-59	5.91	3.72		2.31	1.59	1.23	0.57	0.51	7.72	4.70		2.96	2.08	1.65	0.85	0.75
60-69	5.91	3.72		2.31	1.59	1.23	0.57	0.51	7.72	4.70		2.96	2.08	1.65	0.85	0.75
70+	5.91	3.72		2.31	1.59	1.23	0.57	0.51	7.72	4.70		2.96	2.08	1.65	0.85	0.75
Class 2																
18-49	6.66	4.96		3.68	2.80	2.28	1.31	1.16	8.22	6.28		4.74	3.65	3.05	1.92	1.69
50-59	7.17	4.96		3.68	2.80	2.28	1.31	1.16	9.44	6.28		4.74	3.65	3.05	1.92	1.69
60-69	7.17	4.96		3.68	2.80	2.28	1.31	1.16	9.44	6.28		4.74	3.65	3.05	1.92	1.69
70+	7.17	4.96		3.68	2.80	2.28	1.31	1.16	9.44	6.28		4.74	3.65	3.05	1.92	1.69
Class 3																
18-49	8.03	6.17		4.71	4.39	3.88	2.93	2.58	9.92	7.83		6.06	5.73	5.21	4.25	3.74
50-59	8.38	6.17		4.71	4.39	3.88	2.93	2.58	11.10	7.83		6.06	5.73	5.21	4.25	3.74
60-69	8.38	6.17		4.71	4.39	3.88	2.93	2.58	11.10	7.83		6.06	5.73	5.21	4.25	3.74
70+	8.38	6.17		4.71	4.39	3.88	2.93	2.58	11.10	7.83		6.06	5.73	5.21	4.25	3.74
Class 4																
18-49	10.55	8.18		6.25	5.68	5.06	3.90	3.43	13.05	10.40		8.05	7.43	6.81	5.66	4.98
50-59	11.67	8.18		6.25	5.68	5.06	3.90	3.43	15.56	10.40		8.05	7.43	6.81	5.66	4.98
60-69	11.67	8.18		6.25	5.68	5.06	3.90	3.43	15.56	10.40		8.05	7.43	6.81	5.66	4.98
70+	11.67	8.18		6.25	5.68	5.06	3.90	3.43	15.56	10.40		8.05	7.43	6.81	5.66	4.98

Attachment A

**Assurity Life Insurance Company
Annual Premium Rates per \$100 Monthly Benefit for Policy Form W H1206, et al.
Unisex Level Premium by Issue Age**

Rider Form R G1218/R G1218C: Retroactive Injury Rider on Accident and Sickness or Accident Only Base, Annual Premiums per \$100 Monthly Benefit

Benefit Period Accident Elimination Period	3 Months							6 Months								
	00	07		14	30	60	90	180	00	07		14	30	60	90	180
Class 1																
18-49	-	0.72		0.86	0.89	0.86	0.61	0.62	-	0.65		0.78	0.81	0.78	0.56	0.57
50-59	-	0.72		0.86	0.89	0.86	0.61	0.62	-	0.65		0.78	0.81	0.78	0.56	0.57
60-69	-	0.72		0.86	0.89	0.86	0.61	0.62	-	0.65		0.78	0.81	0.78	0.56	0.57
70+	-	0.72		0.86	0.89	0.86	0.61	0.62	-	0.65		0.78	0.81	0.78	0.56	0.57
Class 2																
18-49	-	0.87		1.23	1.54	1.60	1.36	1.39	-	0.79		1.11	1.40	1.46	1.24	1.27
50-59	-	0.87		1.23	1.54	1.60	1.36	1.39	-	0.79		1.11	1.40	1.46	1.24	1.27
60-69	-	0.87		1.23	1.54	1.60	1.36	1.39	-	0.79		1.11	1.40	1.46	1.24	1.27
70+	-	0.87		1.23	1.54	1.60	1.36	1.39	-	0.79		1.11	1.40	1.46	1.24	1.27
Class 3																
18-49	-	1.01		1.46	2.00	2.40	2.58	2.64	-	0.91		1.32	1.83	2.19	2.35	2.41
50-59	-	1.01		1.46	2.00	2.40	2.58	2.64	-	0.91		1.32	1.83	2.19	2.35	2.41
60-69	-	1.01		1.46	2.00	2.40	2.58	2.64	-	0.91		1.32	1.83	2.19	2.35	2.41
70+	-	1.01		1.46	2.00	2.40	2.58	2.64	-	0.91		1.32	1.83	2.19	2.35	2.41
Class 4																
18-49	-	1.32		1.92	2.63	3.15	3.38	3.46	-	1.20		1.73	2.40	2.87	3.09	3.16
50-59	-	1.32		1.92	2.63	3.15	3.38	3.46	-	1.20		1.73	2.40	2.87	3.09	3.16
60-69	-	1.32		1.92	2.63	3.15	3.38	3.46	-	1.20		1.73	2.40	2.87	3.09	3.16
70+	-	1.32		1.92	2.63	3.15	3.38	3.46	-	1.20		1.73	2.40	2.87	3.09	3.16

Attachment A

**Assurity Life Insurance Company
Annual Premium Rates per \$100 Monthly Benefit for Policy Form W H1206, et al.
Unisex Level Premium by Issue Age**

Rider Form R G1218/R G1218C: Retroactive Injury Rider on Accident and Sickness or Accident Only Base, Annual Premiums per \$100 Monthly Benefit

Benefit Period Accident Elimination Period	12 Months							24 Months								
	00	07		14	30	60	90	180	00	07		14	30	60	90	180
Class 1																
18-49	-	0.66		0.80	0.83	0.80	0.57	0.58	-	0.69		0.82	0.77	0.75	0.53	0.54
50-59	-	0.66		0.80	0.83	0.80	0.57	0.58	-	0.69		0.82	0.77	0.75	0.53	0.54
60-69	-	0.66		0.80	0.83	0.80	0.57	0.58	-	0.69		0.82	0.77	0.75	0.53	0.54
70+	-	0.66		0.80	0.83	0.80	0.57	0.58	-	0.69		0.82	0.77	0.75	0.53	0.54
Class 2																
18-49	-	0.80		1.14	1.43	1.49	1.26	1.29	-	0.83		1.17	1.34	1.40	1.18	1.21
50-59	-	0.80		1.14	1.43	1.49	1.26	1.29	-	0.83		1.17	1.34	1.40	1.18	1.21
60-69	-	0.80		1.14	1.43	1.49	1.26	1.29	-	0.83		1.17	1.34	1.40	1.18	1.21
70+	-	0.80		1.14	1.43	1.49	1.26	1.29	-	0.83		1.17	1.34	1.40	1.18	1.21
Class 3																
18-49	-	0.93		1.35	1.86	2.23	2.40	2.45	-	0.96		1.39	1.75	2.09	2.25	2.30
50-59	-	0.93		1.35	1.86	2.23	2.40	2.45	-	0.96		1.39	1.75	2.09	2.25	2.30
60-69	-	0.93		1.35	1.86	2.23	2.40	2.45	-	0.96		1.39	1.75	2.09	2.25	2.30
70+	-	0.93		1.35	1.86	2.23	2.40	2.45	-	0.96		1.39	1.75	2.09	2.25	2.30
Class 4																
18-49	-	1.23		1.78	2.45	2.93	3.15	3.22	-	1.26		1.83	2.29	2.74	2.95	3.02
50-59	-	1.23		1.78	2.45	2.93	3.15	3.22	-	1.26		1.83	2.29	2.74	2.95	3.02
60-69	-	1.23		1.78	2.45	2.93	3.15	3.22	-	1.26		1.83	2.29	2.74	2.95	3.02
70+	-	1.23		1.78	2.45	2.93	3.15	3.22	-	1.26		1.83	2.29	2.74	2.95	3.02

Attachment A

**Assurity Life Insurance Company
Annual Premium Rates per \$100 Monthly Benefit for Policy Form W H1206, et al.
Unisex Level Premium by Issue Age**

Rider Form R G1218/R G1218C: Retroactive Injury Rider on On-Job Rider, Annual Premiums per \$100 Monthly Benefit

Benefit Period Accident Elimination Period	3 Months							6 Months								
	00	07		14	30	60	90	180	00	07		14	30	60	90	180
Class 1																
18-49	-	0.36		0.43	0.44	0.43	0.30	0.31	-	0.32		0.39	0.41	0.39	0.28	0.28
50-59	-	0.36		0.43	0.44	0.43	0.30	0.31	-	0.32		0.39	0.41	0.39	0.28	0.28
60-69	-	0.36		0.43	0.44	0.43	0.30	0.31	-	0.32		0.39	0.41	0.39	0.28	0.28
70+	-	0.36		0.43	0.44	0.43	0.30	0.31	-	0.32		0.39	0.41	0.39	0.28	0.28
Class 2																
18-49	-	0.43		0.61	0.77	0.80	0.68	0.69	-	0.39		0.55	0.70	0.73	0.62	0.63
50-59	-	0.43		0.61	0.77	0.80	0.68	0.69	-	0.39		0.55	0.70	0.73	0.62	0.63
60-69	-	0.43		0.61	0.77	0.80	0.68	0.69	-	0.39		0.55	0.70	0.73	0.62	0.63
70+	-	0.43		0.61	0.77	0.80	0.68	0.69	-	0.39		0.55	0.70	0.73	0.62	0.63
Class 3																
18-49	-	0.50		0.73	1.00	1.20	1.29	1.32	-	0.46		0.66	0.91	1.09	1.18	1.20
50-59	-	0.50		0.73	1.00	1.20	1.29	1.32	-	0.46		0.66	0.91	1.09	1.18	1.20
60-69	-	0.50		0.73	1.00	1.20	1.29	1.32	-	0.46		0.66	0.91	1.09	1.18	1.20
70+	-	0.50		0.73	1.00	1.20	1.29	1.32	-	0.46		0.66	0.91	1.09	1.18	1.20
Class 4																
18-49	-	0.66		0.96	1.31	1.57	1.69	1.73	-	0.60		0.87	1.20	1.44	1.54	1.58
50-59	-	0.66		0.96	1.31	1.57	1.69	1.73	-	0.60		0.87	1.20	1.44	1.54	1.58
60-69	-	0.66		0.96	1.31	1.57	1.69	1.73	-	0.60		0.87	1.20	1.44	1.54	1.58
70+	-	0.66		0.96	1.31	1.57	1.69	1.73	-	0.60		0.87	1.20	1.44	1.54	1.58

Attachment A

**Assurity Life Insurance Company
Annual Premium Rates per \$100 Monthly Benefit for Policy Form W H1206, et al.
Unisex Level Premium by Issue Age**

Rider Form R G1218/R G1218C: Retroactive Injury Rider on On-Job Rider, Annual Premiums per \$100 Monthly Benefit

Benefit Period Accident Elimination Period	12 Months							24 Months								
	00	07		14	30	60	90	180	00	07		14	30	60	90	180
Class 1																
18-49	-	0.33		0.40	0.41	0.40	0.28	0.29	-	0.34		0.41	0.39	0.37	0.27	0.27
50-59	-	0.33		0.40	0.41	0.40	0.28	0.29	-	0.34		0.41	0.39	0.37	0.27	0.27
60-69	-	0.33		0.40	0.41	0.40	0.28	0.29	-	0.34		0.41	0.39	0.37	0.27	0.27
70+	-	0.33		0.40	0.41	0.40	0.28	0.29	-	0.34		0.41	0.39	0.37	0.27	0.27
Class 2																
18-49	-	0.40		0.57	0.72	0.75	0.63	0.65	-	0.41		0.59	0.67	0.70	0.59	0.61
50-59	-	0.40		0.57	0.72	0.75	0.63	0.65	-	0.41		0.59	0.67	0.70	0.59	0.61
60-69	-	0.40		0.57	0.72	0.75	0.63	0.65	-	0.41		0.59	0.67	0.70	0.59	0.61
70+	-	0.40		0.57	0.72	0.75	0.63	0.65	-	0.41		0.59	0.67	0.70	0.59	0.61
Class 3																
18-49	-	0.47		0.68	0.93	1.12	1.20	1.23	-	0.48		0.70	0.87	1.05	1.12	1.15
50-59	-	0.47		0.68	0.93	1.12	1.20	1.23	-	0.48		0.70	0.87	1.05	1.12	1.15
60-69	-	0.47		0.68	0.93	1.12	1.20	1.23	-	0.48		0.70	0.87	1.05	1.12	1.15
70+	-	0.47		0.68	0.93	1.12	1.20	1.23	-	0.48		0.70	0.87	1.05	1.12	1.15
Class 4																
18-49	-	0.61		0.89	1.22	1.46	1.57	1.61	-	0.63		0.92	1.15	1.37	1.48	1.51
50-59	-	0.61		0.89	1.22	1.46	1.57	1.61	-	0.63		0.92	1.15	1.37	1.48	1.51
60-69	-	0.61		0.89	1.22	1.46	1.57	1.61	-	0.63		0.92	1.15	1.37	1.48	1.51
70+	-	0.61		0.89	1.22	1.46	1.57	1.61	-	0.63		0.92	1.15	1.37	1.48	1.51

Attachment A

**Assurity Life Insurance Company
Annual Premium Rates per \$100 Monthly Benefit for Policy Form W H1206, et al.
Unisex Level Premium by Issue Age**

Rider Form R G1219/R G1219C: Spouse Rider, Annual Premiums per \$100 Monthly Benefit

Benefit Period 6 months
Accident Elimination Period 7 days

Class 1

18-49	10.29
50-59	10.29
60-69	10.29
70+	10.29

Class 2

18-49	13.19
50-59	13.19
60-69	13.19
70+	13.19

Class 3

18-49	16.00
50-59	16.00
60-69	16.00
70+	16.00

Class 4

18-49	21.23
50-59	21.23
60-69	21.23
70+	21.23

Rider Form R G1215/R G1215C: Emergency Accident Rider, Annual Premiums per \$100 Lump Sum Benefit

All Classes

18-49	7.08
50-59	7.08
60-69	7.08
70+	7.08

SERFF Tracking #:	SEFL-128741971	State Tracking #:		Company Tracking #:	GRP DI PRO
State:	Arkansas	Filing Company:	Assurity Life Insurance Company		
TOI/Sub-TOI:	H11G Group Health - Disability Income/H11G.005 Combined Short Term and Long Term				
Product Name:	Grp DI PRO				
Project Name/Number:	Grp DI PRO Forms/Grp DI PRO				

Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification	Approved-Closed	11/05/2012
Comments:			
Attachment(s):			
ReadCert.pdf			
		Item Status:	Status Date:
Bypassed - Item:	Application	Approved-Closed	11/05/2012
Bypass Reason:	This information is included within the filing description.		

READABILITY CERTIFICATION

I hereby certify the following forms were tested for readability using Microsoft® Word 2010 program and achieved the following test results:

Company Name: Assurity Life Insurance Company

Form Number(s): G H1213 et al

Type of Form: Disability Income

Form No.	Description	Flesch Score
G H1213 (AR)	Off-the-Job Accident and Sickness Disability Income Master Policy	51.7
G H1213C (AR)	Off-the-Job Accident and Sickness Disability Income Certificate of Insurance	52.0
G H1214 (AR)	Off-the-Job Accident-Only Disability Income Master Policy	55.0
G H1214C (AR)	Off-the-Job Accident-Only Disability Income Certificate of Insurance	54.7
R G1215 (AR)	Emergency Accident Master Rider	51.1
R G1215C (AR)	Emergency Accident Certificate Rider	50.3
R G1216	On-the-Job Accident and Sickness Disability Income Master Rider	50.2
R G1216C	On-the-Job Accident and Sickness Disability Income Certificate Rider	51.0
R G1217	On-the-Job Accident-Only Disability Income Master Rider	50.0
R G1217C	On-the-Job Accident-Only Disability Income Certificate Rider	50.4
R G1218	Retroactive Injury Benefit Master Rider	55.3
R G1218C	Retroactive Injury Benefit Certificate Rider	54.0
R G1219	Spouse Accident-Only Disability Income Master Rider	51.1
R G1219C	Spouse Accident-Only Disability Income Certificate Rider	51.0
47-203-05053	Disability income product page of the enrollment form	50.3
75-209-02253 (R07-12)	Worksite Group Employer Application	50.9*


Signature

October 24, 2012
Date

Carol S. Watson
Vice President, General Counsel & Secretary

*Flesch score achieved by combining with form G H1213.

State: Arkansas

Filing Company:

Assurity Life Insurance Company

TOI/Sub-TOI: H11G Group Health - Disability Income/H11G.005 Combined Short Term and Long Term

Product Name: Grp DI PRO

Project Name/Number: Grp DI PRO Forms/Grp DI PRO

Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date	Schedule Item Status	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
10/24/2012	Replaced 11/05/2012	Form	Off-the-Job Accident and Sickness Disability Income Master Policy	11/05/2012	GH1213AR.pdf (Superseded)
10/24/2012	Replaced 11/05/2012	Form	Off-the-Job Accident and Sickness Disability Income Certificate of Insurance	11/05/2012	GH1213CAR.pdf (Superseded)
10/24/2012	Replaced 11/05/2012	Form	Off-the-Job Accident-Only Disability Income Master Policy	11/05/2012	GH1214AR.pdf (Superseded)
10/24/2012	Replaced 11/05/2012	Form	Off-the-Job Accident-Only Disability Income Certificate of Insurance	11/05/2012	GH1214CAR.pdf (Superseded)
10/24/2012	Replaced 11/05/2012	Form	Worksite Group Employer Application	10/30/2012	75-209-02253 (R07-12) DI.pdf (Superseded)

**ASSURITY® LIFE INSURANCE COMPANY**

Post Office Box 82533, Lincoln, NE 68501-2533

(402) 476-6500 • (800) 869-0355 • www.assurity.com**Off-the-Job Accident
and Sickness Disability
Income Master Policy**

This Policy is a legal contract between the group Policyholder and Us (Assurity Life Insurance Company, a stock company). We issue this Policy and the Certificates based on the Policyholder's and the Employee's applications and payment of premium when due. This Policy alone is the only contract under which payment will be made. Any difference between this Policy and the Certificate will be settled according to the provisions of this Policy.

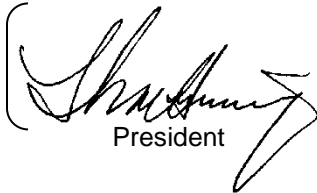
RIGHT TO EXAMINE

Each Certificate may be cancelled within 30 days of the Certificate Issue Date by returning the Certificate to Our administrative office. As soon as the Certificate is received by Us, it is treated as if it was never issued. Any premium payment will be refunded when We receive the Certificate.

RIGHT TO CANCEL

After the 30-day period specified in the Right to Examine section, each Employee may cancel their Certificate by notifying Us in writing to do so. The Certificate will be cancelled effective as of the end of the period for which premiums have been paid unless the notice specifies a later date. Cancellation of the Certificate will be without prejudice to any claim made prior to termination.

Assurity Life Insurance Company has signed this Policy on the Effective Date.


President


Secretary

**Important Cancellation Information – Please read the
“Right to Cancel” and “Termination” sections.**

Company may change premium rates

Representative: [Alex Agent]
Address: [123 Any Boulevard]
[Anytown xx 12345-6789]

Telephone: [(123) 456-7890]

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SCHEDULE

FORM NO.	FORM NAME
G H1213 (AR)	Off-the-Job Accident and Sickness Disability Master Policy
[R G1215 (AR)	Emergency Accident Master Rider
R G1216	On-the-Job Accident and Sickness Disability Income Master Rider
R G1218	Retroactive Injury Benefit Master Rider
R G1219	Spouse Accident-Only Disability Income Master Rider]

Policyholder: [Group Master Name] Policy Number: [Group Master Number]
Effective Date: []

DEFINITIONS

Actively at Work means performing the duties of the Employee's occupation for the Policyholder for a wage, salary or profit.

Actively Employed means the Employee must be working at least the number of hours required for benefit eligibility as shown on the Policyholder's application and performing the substantial and material duties of their regular occupation. Normal vacation or personal days are considered Actively Employed. However, if vacation or personal days are used to cover disability, sickness or injury, those days are not considered Actively Employed.

Beneficiary means the person named by the Employee in the application, or later changed as described in the Change of Beneficiary section.

Certificate means the Certificate issued to the Employee describing the terms of the Policy, to whom benefits will be paid and the limitations and conditions that apply.

Complication of Pregnancy means a condition when the pregnancy is not terminated, with diagnosis which is distinct from pregnancy, adversely affected by pregnancy or caused by pregnancy, and includes, but which is not limited to: acute nephritis, anemia of pregnancy, nephrosis, cardiac decompensation, incompetent cervix, missed abortion, placenta previa, puerperal infection and similar medical and surgical conditions of comparable severity. It also includes emergency Caesarean section delivery, ectopic pregnancy which is surgically terminated, spontaneous termination of pregnancy which occurs during a period of gestation when a viable birth is not possible, hyperemesis gravidarum (pernicious vomiting), pre-eclampsia and eclampsia. Complications of Pregnancy cease upon termination of the pregnancy.

Complication of Pregnancy does not include false labor, pre-term contractions of labor, advanced maternal age, occasional spotting, non-emergency Caesarean section delivery, postpartum depression, Physician prescribed rest during the period of pregnancy, morning sickness and similar conditions which, although associated with the management of a difficult pregnancy and back pain, are not medically classified as a distinct Complication of Pregnancy.

Concurrent Disabilities means disabilities occurring at the same time caused by more than one Sickness or Injury, whether they are related or not.

Covered Accident means an unforeseen event which (a) directly, independently of all other causes and exclusively results in an Injury, (b) occurs after the Certificate Issue Date, (c) occurs while the Certificate is in force and (d) is not excluded by name or specific description in the Certificate.

Due Date means the date renewal premiums are due.

Elimination Period means the number of consecutive days an Insured Person must be Totally Disabled before they are eligible to receive the Total Disability Monthly Benefit. We do not pay Total Disability Monthly Benefits during the Elimination Period.

Employee means the person who is named on the Certificate Schedule as the Insured Person and is Actively Employed with the Policyholder named in the Employee's application.

Grace Period means the 31-day period after a Due Date in which premiums can still be paid and are considered to have been paid on the Due Date.

Immediate Family means the spouse, father, mother, children or siblings of an Insured Person.

Injury(ies) means bodily harm that is caused solely by or is the result of a Covered Accident. All Injuries sustained in any one Covered Accident and all complications and reoccurrences of complications are considered to be a single Injury.

Insured Person(s) means the Employee or any other person(s) insured for the benefits of the Certificate or any attached certificate rider as listed on the Certificate Schedule, certificate rider Schedule, or as later amended.

Issue Date means the date an Insured Person first becomes insured for the benefits of the Certificate or any attached certificate riders as listed on the Certificate Schedule or certificate rider Schedule.

Maximum Benefit Period means the maximum period of time any combination of Total Disability Monthly Benefits and Partial Disability Monthly Benefits, if any, are paid as shown on the Certificate Schedule or certificate rider Schedule.

Mental or Nervous Disorder means any disorder listed in the Diagnostic and Statistical Manual of Mental Disorders (DSM), most current as of the date of disability, published by the American Psychiatric Association, excluding Alzheimer's disease, dementia, and organic brain damage caused by an accident or head trauma. If the DSM is discontinued or replaced, Mental/Nervous Disorder will include those disorders listed in the diagnostic manual then in use by the American Psychiatric Association as of the date of disability, excluding Alzheimer's disease, dementia and organic brain damage caused by an accident or head trauma.

Partial Disability and **Partially Disabled** mean a degree of disability due to a Sickness or Injury which:

- requires a Physician's care that is appropriate for the Sickness or Injury; and
- keeps the Employee from doing one or more, but not all, of the substantial and material duties of their occupation or results in the loss of 25% or more of the time spent by the Employee in the usual daily performance of the duties of their occupation.

Physician means a doctor of medicine or osteopathy who is duly licensed by the state medical board. Such Physician cannot be a member of an Insured Person's Immediate Family or business associate and must be providing services within the scope of his or her license/specialty. Practitioners other than those named above are not Physicians.

Policy means the group master Policy.

Policyholder means the entity on the Policy Schedule and Certificate Schedule.

Pre-existing Condition means a Sickness or physical condition for which, during the 12 months before the Certificate Issue Date, an Insured Person (a) had symptoms which would cause an ordinary prudent person to seek diagnosis, care or treat or (b) received medical consultation, advice or treatment from a Physician or had been prescribed medication.

Recurrent Total Disability means a situation in which the Employee becomes Totally Disabled, ceases to be Totally Disabled, then becomes Totally Disabled again from the same or related Sickness or Injury. The latter Total Disability will be considered a Recurrent Total Disability.

Reinstatement Date means the date We have both approved the Employee's reinstatement application and received any premiums due.

Sickness means an illness, disease or condition, including Complications of Pregnancy, of the Insured Person. Total Disability arising from pregnancy, pregnancy related conditions (other than Complications of Pregnancy), child birth, or other termination of pregnancy will be considered as a Sickness only if the Total Disability begins at least 10 months after the Certificate Issue Date.

Total Disability and **Totally Disabled** mean a disability due to a Sickness or Injury which occurs while the Employee is not Actively at Work and which (a) keeps the Employee from doing the substantial and material duties of their own occupation, (b) starts while the Certificate is in force, and (c) requires a Physician's care that is appropriate for the Sickness or Injury.

Monthly Benefits are not payable if (a) the disability is due to an Injury and begins more than 30 days after the Injury or (b) the Employee is working for wage, salary or profit during a period of Total Disability.

We, Us and **Our** mean Assurity Life Insurance Company.

PREMIUMS

Premium Payments. The first premium is due on the Certificate Issue Date. Premiums will include any certificate rider premiums. Premiums paid after the first premium are renewal premiums. We may change the premium rates after this Policy has been in force for 12 months, but not more than once in a 12-month period. If We change premium rates, We can only do so for all Certificates under this Policy. A 31-day notice will be given by mail to the Policyholder prior to any premium change.

Renewal premiums are due on the Due Date. The Certificate will lapse (will not be in force) if a renewal premium is not paid by the end of the Grace Period.

Grace Period. Premium must be paid during the Grace Period. The Certificate will remain in force during this time. The Grace Period does not apply if We receive notice to terminate the Certificate.

Reinstatement. If premium is not paid by the end of the Grace Period, the Certificate will lapse (will not be in force). If the Employee wants the Certificate reinstated (to be in force again), they must apply for reinstatement in writing to Our administrative office within one year of the Certificate lapsing. Their application for reinstatement requires Our approval. If their application for reinstatement is approved, the Certificate may be reinstated with payment of any premium due. The Certificate will be reinstated on the Reinstatement Date. If We have not already acted to approve or decline their application for reinstatement, the Certificate will be reinstated without approval 45 days after We receive their application for reinstatement.

The reinstated Certificate will only cover disabilities resulting from such Injury as may be sustained after the Reinstatement Date. The reinstated Certificate shall also cover disabilities due to such Sickness as may begin more than 10 days after the Reinstatement Date.

The reinstated Certificate is subject to a new Pre-existing Condition period starting on the Reinstatement Date.

Refund of Unearned Premium. If the Certificate terminates due to death, We will refund the portion of any premiums paid which were applied to periods following the date of the Employee's death.

Unpaid Premiums. When a claim is paid under the Certificate, any premium then due and unpaid may be deducted by Us from the claim payment and applied to the premium due. If the premium due is more than the amount payable for the claim, no benefit is payable.

TOTAL DISABILITY BENEFIT

Monthly Benefit Payment. We will pay the Total Disability Monthly Benefit if the Employee is Totally Disabled and the Elimination Period has been satisfied. We will pay Total Disability Monthly Benefits while the Employee is Totally Disabled or to the end of the Maximum Benefit Period, whichever is first. Total Disability Monthly Benefits will be paid for only one of two or more Concurrent Disabilities. A Total Disability from the same Sickness or Injury is subject to one Maximum Benefit Period. We will not pay for both Sickness and Injury for the same period of Total Disability.

A Recurrent Total Disability is considered a new Total Disability only if it is separated from the ending date of the prior Total Disability by a period of six consecutive months or more where the Employee is Actively Employed on a continuous basis and not receiving any disability monthly benefits under the Certificate or any certificate riders. A new Total Disability is subject to a new Elimination Period and starts a new Maximum Benefit Period. Any other Recurrent Total Disability is considered a continuation of a prior Total Disability. A continuation of a prior Total Disability is not subject to a new Elimination Period, nor does it result in the start of a new Maximum Benefit Period.

Total Disability for Part of a Month. If the Employee's Total Disability is payable for a period less than a full month, We will pay one-thirtieth (1/30) of the Total Disability Monthly Benefit for each day of Total Disability.

PARTIAL DISABILITY BENEFIT

Monthly Benefit Payment. We will pay the Partial Disability Monthly Benefit if the Employee is Partially Disabled and has resumed part-time employment immediately following a period where they received Total Disability Monthly Benefits. Partial Disability payments count toward the Maximum Benefit Period and shall not be paid for a period greater than the Maximum Partial Benefit Period. Partial Disability Monthly Benefits will be paid for only one of two or more Concurrent Disabilities.

Partial Disability for Part of a Month. If the Employee's Partial Disability is payable for a period less than a full month, We will pay one-thirtieth (1/30) of the Partial Disability Monthly Benefit for each day of Partial Disability.

WAIVER OF PREMIUM

We will begin to waive payment of the Employee's renewal premiums on the first premium Due Date after they have been Totally Disabled from a covered condition for 90 days or the duration of the Elimination Period, whichever is longer. Waiver of premium ends when they cease to be Totally Disabled or at the end of the Maximum Benefit Period, whichever is first. Premiums are not waived during a period of Partial Disability.

LIMITATIONS

Pre-existing Condition. We will not pay benefits for a Total Disability that is caused by a Pre-existing Condition unless the Total Disability starts after the Certificate has been in force for 12 months from the Certificate Issue Date or for 12 months from the most recent Reinstatement Date.

Foreign Travel. We will pay up to a maximum of three disability monthly benefits for any disability sustained or continued outside the United States or Canada.

EXCLUSIONS

We will not pay benefits for conditions that are caused by or are the result of any Insured Person(s):

- operating, learning to operate, or serving as a crew member of any aircraft;
- engaging in hang-gliding, hot air ballooning, bungee jumping, parachuting, scuba diving, sail gliding, parasailing or parakiting or similar activities;
- riding in or driving any motor-driven vehicle in an organized race, stunt show or speed test;
- officiating, coaching, practicing for or participating in any semi-professional or professional competitive athletic contest for which any type of compensation or remuneration is received;
- being exposed to war or any act of war, declared or undeclared;
- actively serving in any of the armed forces, or units auxiliary thereto, including the National Guard or Army Reserve, except during active duty training of less than 60 days;
- suffering from a Mental or Nervous Disorder;
- being addicted to drugs or suffering from alcoholism;
- being under the influence of an excitant, depressant, hallucinogen, narcotic, or any other drug or intoxicant, including those prescribed by a Physician that are misused;
- being intoxicated (as determined by the laws governing the operation of motor vehicles in the jurisdiction where loss occurs) or under the influence of an illegal substance or a narcotic (except for narcotics used as prescribed to the Insured Person by a Physician);
- having cosmetic surgery or other elective procedures that are not medically necessary;
- having dental treatment;
- committing or attempting to commit a felony;
- being incarcerated or is caused while incarcerated in a penal institution or government detention facility;
- driving any taxi for wage, compensation or profit;
- engaging in an illegal activity or occupation;
- intentionally self-inflicting an Injury; or
- committing or attempting to commit suicide, while sane or insane.

TERMINATION

Termination of Policy. Coverage will terminate and no benefits will be payable under this Policy, any Certificate or any attached riders when either the Policyholder or We cancel this Policy upon giving at least 61 days written notice to the other. We will not cancel this Policy prior to the end of the first year following the Policy Effective Date.

Termination of Certificate. Coverage will terminate and no benefits will be payable under the Certificate or any attached certificate riders on the earliest of the following:

- the date this Policy terminates;
- the date the Employee no longer meets the definition of Employee;
- when any premium due for the Certificate is not paid before the end of the Grace Period;

- the date We receive from the Employee or the Policyholder written notice to terminate the Certificate unless the notice specifies a later date;
- when the Employee establishes residence in a foreign country; or
- upon the Employee's death.

Continuation. Coverage may continue under the Certificate when the Employee ceases to be employed with the Policyholder. The Certificate must be in force for at least six consecutive months before employment terminates. Coverage may continue if the Employee is not:

- currently disabled;
- on a leave of absence;
- retiring; or
- covered under another group disability policy.

The Employee's written request and the first premium payment for the continuation of coverage must be received in Our administrative office within 90 days of the Employee's termination date.

The continued coverage will provide the Employee the same coverage provided under the Certificate at the time employment terminated. Continued coverage will terminate on the earliest of the following:

- 12 months from the Employee's termination date;
- when the Employee retires;
- the date the Employee becomes covered under another group disability policy;
- the date this Policy terminates;
- when any premium due for the Certificate is not paid before the end of the Grace Period;
- the date We receive from the Employee written notice to terminate the Certificate unless the notice specifies a later date;
- when the Employee establishes residence in a foreign county; or
- upon the Employee's death.

CLAIM PROCEDURES

Notice of Claim. Written notice of claim must be given to Us within 20 calendar days after a loss covered by the Certificate occurs, or as soon as reasonably possible, subject to the Proof of Loss section. Notice must be given to Us at Assurity Life Insurance Company, P.O. Box 82533, Lincoln, Nebraska 68501-2533. The notice should include the Insured Person's name and Certificate number as shown on the Certificate Schedule. Notice should also include the name and address of the individual submitting the notice along with a description of their relationship to the Insured Person, if different, and a statement that payment of a claim is being requested.

Claim Forms. When We receive a notice of claim, We will send the Employee the forms for filing the required proof of loss. If We do not send these forms within 15 calendar days, it shall be deemed that the Employee met the proof of loss requirement by giving Us written proof of the cause, nature and extent of the loss within the time limit stated in the Proof of Loss section.

Proof of Loss. Written proof of loss satisfactory to Us must be given to Us within 120 calendar days after such loss. If it is not possible to give written proof in the time required, We will not reduce or deny the claim for this reason if such proof is filed as soon as reasonably possible. In any event, the proof required must be given to Us no later than one year after such loss unless the Employee is legally incapacitated. Written proof of loss includes all information We reasonably request, and may include, the date disability began and the cause of the disability and prognosis. Proof may include the Insured Person's pre-disability income, including tax returns and supporting income information and any proof that the Insured Person is under the care of a Physician. All medical records, including diagnostic exams, lab results and treatment notes/summaries, and pharmacy records where the Insured Person fills prescriptions may also be included.

Additional Proof of Loss. To assist Us in determining if the Insured Person is or remains disabled, We have the right, at Our expense, to require the Insured Person to provide an interview to Our representative(s) and undergo examination by a Physician, vocational expert, or other medical or vocational professional that We select. Any such additional proof of loss must be satisfactory to Us.

Time of Payment of Claim. Benefits for any loss covered by the Certificate will be paid after We receive written proof satisfactory to Us and all other provisions herein are met. We will pay the Total Disability Monthly Benefit or Partial Disability Monthly Benefit at the end of the month for which it is due.

Time of Loss. Benefits will be paid only for a loss which occurs while the Certificate is in force. Termination of the Certificate will not affect any claim for disability, provided that the Total Disability begins prior to termination of the Certificate and within 30 days after the date of the Injury or Sickness causing the disability.

Payment of Claim. All benefits will be paid to the Employee if living or to the Employee's Beneficiary. If no Beneficiary is living, benefits will be paid to the Employee's estate. If benefits are payable to the Employee's estate, We may pay up to \$1,000 to any relative of the Employee who We find is entitled to it. Any payment made in good faith will fully discharge Us to the extent of the payment.

Overpayment Reimbursement. We have the right to recoup or recover any overpayment We make, for any reason, in processing a claim. We must be reimbursed in full for the amount of the overpayment.

Claim Review. If We deny a claim, We will provide written notice of Our reason(s) for the denial and the provision(s) herein that We relied upon. You have the right to ask Us to review the claim on appeal and the right to submit additional information to Us that might change Our decision.

Appeal, if Governed by ERISA. If this policy provides coverage under an employee welfare benefit plan governed by the Employee Retirement Income Security Act (ERISA), 29 U.S.C. 1001 et seq., prior to filing any lawsuit against Us, You or Your Beneficiary (if You are deceased) must complete an appeal. The appeal request must be in writing and must be made within 180 days after receipt of Our denial decision. We will provide written notice of Our decision on appeal.

GENERAL PROVISIONS

Application Statement. No statement will void the Certificate or any attached certificate riders, or be used to deny a claim unless the Employee made the statement in their application, which includes any papers signed or information provided to get the Certificate.

In the absence of fraud, statements made in the Employee's application, which includes any papers signed or information provided to get the Certificate, are deemed representations and not warranties. Representations are statements that, to the best of the Employee's knowledge and understanding, represent the truth. Warranties are statements that are guaranteed to be true. If We considered the Employee's statements as warranties, We could cancel their Certificate for any inaccuracy – even an honest mistake.

Agency. Neither the Policyholder, any employer, any associated company, nor any administrator appointed by the foregoing is Our agent. We are not liable for any of their acts or omissions.

Assignment. The Employee can transfer, or assign, some or all of their Certificate rights to someone else by making a contract with that person. We are not responsible for the validity of any assignment of the Certificate, nor are We bound by any assignment until We receive a copy of the assignment at Our office.

Certificates. We will send the Certificates to the Policyholder to give to each Employee. The Certificates will state the insurance to which an Insured Person is entitled. It does not change the provisions of this Policy.

Change of Beneficiary. The Employee may change the Beneficiary by completing and signing a form provided by Us for changing a Beneficiary and returning the form to Our administrative office for Our written acknowledgement.

Naming a new Beneficiary voids any prior designation unless stated otherwise in the new designation.

When We furnish written acknowledgement of the change of Beneficiary, the change becomes effective on the date the Employee signed Our form. We are not liable for payments made or action taken prior to Our written acknowledgement of the Beneficiary change.

Conformity with State and Federal Law. The laws of the federal government and state in which the Employee resides on the Certificate Issue Date apply. If this Policy conflicts with the laws of the federal government or the state in which the Employee resides on the Certificate Issue Date, it is considered changed to meet those laws. The change will be to the law's minimum requirement.

Discretionary Authority, if Governed by ERISA. If this Policy provides coverage under an employee welfare benefit plan governed by the Employee Retirement Income Security Act (ERISA), 29 U.S.C. 1001 et seq., We have the discretion and authority to construe the provisions of this Policy and to make all decisions regarding eligibility and/or entitlement to coverage or benefits. Whenever We make determinations which are not arbitrary or capricious in the administration of this Policy, such determinations shall be final and conclusive.

Duty of Cooperation. The Employee and any Beneficiary shall reasonably cooperate during any investigation or adjudication of a claim. This cooperation shall include providing information We request and authorizing the release of medical records to Us.

Entire Contract; Changes. The entire contract consists of this Policy and the Certificates, which includes the Policyholder's and Employee's applications and any riders, endorsements, amendments or any other papers We have attached. No change in this Policy or the Certificates will be effective until approved by one of Our officers and unless such approval is endorsed and attached to this Policy or the Certificates. No sales representative has authority to change this Policy or the Certificates or to waive any of the provisions.

Legal Action. Neither the Policyholder nor the Employee can bring a legal action to recover benefits under this Policy for at least 60 days after the Policyholder or Employee has given Us written proof of loss. Neither the Policyholder nor the Employee can start such an action more than three years after the date proof of loss is required.

Misstatement of Age. If the age of any Insured Person has been misstated, an adjustment in premiums, coverage, or both, will be made based on the Insured Person's correct age. If, according to the correct age, the coverage provided would not have become effective, or would have ceased, Our only liability during the period in which the Insured Person was not eligible for coverage, shall be limited to the refund, upon written request to Our administrative office, of premiums paid for such period.

Misstatement of Income. If the Employee's income has been misstated, an adjustment in premiums, coverage, or both, will be made based on the income at the time of application. No misstatement of income will continue insurance otherwise validly terminated or terminate insurance otherwise validly in force. If, according to the Employee's correct income, the coverage provided would not have become effective, Our only liability shall be limited to the refund, upon written request to Our administrative office, of premiums paid.

Physical Examination and Autopsy. We have the right to have an Insured Person examined when and as often as is reasonable while a claim is pending and to have an autopsy performed where it is not forbidden by law. If We initiate the request, either or both will be done at Our expense.

Time Limit on Certain Defenses. After three years from the Certificate Issue Date, excluding any time an Insured Person was Totally Disabled, We cannot use misstatements, except fraudulent misstatements, in the Employee's application (which includes any papers signed or information provided to get the Certificate) to void coverage or deny a claim for loss that happens after the three-year period.

After three years from the last Reinstatement Date, excluding any time an Insured Person was Totally Disabled, We cannot use misstatements, except fraudulent misstatements, in the Employee's reinstatement application (which includes any papers signed or information provided to reinstate the Certificate) to void coverage or deny a claim for loss that happens after the three-year period.

No claim for loss incurred after three years from the Certificate Issue Date, shall be reduced or denied on the ground that a disease or physical condition not excluded from coverage by name or specific description existing on the date of loss had existed prior to the effective date of coverage of the Certificate.

Time of Coverage. Coverage starts on the Certificate Issue Date at 12:01 a.m., in the time zone of the Certificate's issue state. It ends at 12:01 a.m. in the same time zone on the renewal date, subject to the Grace Period. Each time the Certificate is renewed, the new term begins when the old term ends.

Workers' Compensation. This Policy is not in place of, and does not affect any state's requirements for coverage by Workers' Compensation insurance.

OFF-THE-JOB ACCIDENT AND SICKNESS DISABILITY INCOME MASTER POLICY

Company may change premium rates

READ THIS POLICY CAREFULLY

**ASSURITY® LIFE INSURANCE COMPANY**

Post Office Box 82533, Lincoln, NE 68501-2533

(402) 476-6500 • (800) 869-0355 • www.assurity.com

**Off-the-Job Accident and
Sickness Disability Income
Certificate of Insurance**

This Certificate is a part of the Policy that is a legal contract between the group Policyholder and Us (Assurity Life Insurance Company, a stock company). We issue this Certificate based on Your application and payment of premium when due. The Policy alone is the only contract under which payment will be made. Any difference between the Policy and this Certificate will be settled according to the provisions of the Policy.

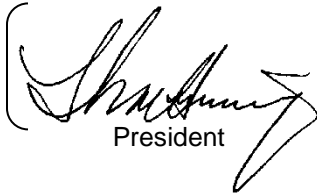
RIGHT TO EXAMINE

You may cancel this Certificate within 30 days of the Certificate Issue Date by returning this Certificate to Our administrative office. As soon as this Certificate is received by Us, it is treated as if it was never issued. Your premium payment will be refunded when We receive this Certificate.

RIGHT TO CANCEL

After the 30-day period specified in the Right to Examine section, You may cancel this Certificate by notifying Us in writing that You wish to do so. This Certificate will be cancelled effective as of the end of the period for which premiums have been paid unless Your notice specifies a later date. Cancellation of this Certificate will be without prejudice to any claim made prior to termination.

Assurity Life Insurance Company has signed this Certificate on the Issue Date.


President
Secretary

**Important Cancellation Information – Please read the
“Right to Cancel” and “Termination” sections.**

Company may change premium rates

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SCHEDULE

FORM NO.	FORM NAME	INITIAL ANNUAL PREMIUM
G H1213C (AR)	Off-the-Job Accident and Sickness Disability Income Certificate of Insurance	\$[]
	<p>Total Disability Monthly Benefit: \$[300 - 5,000]</p> <p>Maximum Benefit Period: [3, 6, 12, 24] months</p> <p>Elimination Period – Accident: [0, 7, 14, 30, 60, 90, 180] consecutive days</p> <p>Elimination Period – Sickness: [7, 14, 30, 60, 90, 180] consecutive days</p> <p>Partial Disability Monthly Benefit: \$[150 – 2,500]</p> <p>Maximum Partial Benefit Period: [3 or 6] months</p>	
[R G1215C (AR)	Emergency Accident Certificate Rider	\$[]
R G1216C	On-the-Job Accident and Sickness Disability Income Certificate Rider	\$[]
R G1218C	Retroactive Injury Benefit Certificate Rider	\$[]
R G1219C	Spouse Accident-Only Disability Income Certificate Rider	\$[]

Policyholder:	[Group Master Name	]	Policy Number:	[Group Master Number]
Insured Person:	[	]	Certificate Number:	[]
Issue Age:	[	]	Issue Date:	[]
			Initial Premium:	[]
			Premium Mode:	[]

DEFINITIONS

Actively at Work means performing the duties of Your occupation for the Policyholder for a wage, salary or profit.

Actively Employed means You must be working at least the number of hours required for benefit eligibility as shown on the Policyholder's application and performing the substantial and material duties of Your regular occupation. Normal vacation or personal days are considered Actively Employed. However, if vacation or personal days are used to cover disability, sickness or injury, those days are not considered Actively Employed.

Beneficiary means the person named by You in the application, or later changed as described in the Change of Beneficiary section.

Certificate means the Certificate issued to the Employee describing the terms of the Policy, to whom benefits will be paid and the limitations and conditions that apply.

Complication of Pregnancy means a condition when the pregnancy is not terminated, with diagnosis which is distinct from pregnancy, adversely affected by pregnancy or caused by pregnancy, and includes, but which is not limited to: acute nephritis, anemia of pregnancy, nephrosis, cardiac decompensation, incompetent cervix, missed abortion, placenta previa, puerperal infection and similar medical and surgical conditions of comparable severity. It also includes emergency Caesarean section delivery, ectopic pregnancy which is surgically terminated, spontaneous termination of pregnancy which occurs during a period of gestation when a viable birth is not possible, hyperemesis gravidarum (pernicious vomiting), pre-eclampsia and eclampsia. Complications of Pregnancy cease upon termination of the pregnancy.

Complication of Pregnancy does not include false labor, pre-term contractions of labor, advanced maternal age, occasional spotting, non-emergency Caesarean section delivery, postpartum depression, Physician prescribed rest during the period of pregnancy, morning sickness and similar conditions which, although associated with the management of a difficult pregnancy and back pain, are not medically classified as a distinct Complication of Pregnancy.

Concurrent Disabilities means disabilities occurring at the same time caused by more than one Sickness or Injury, whether they are related or not.

Covered Accident means an unforeseen event which (a) directly, independently of all other causes and exclusively results in an Injury, (b) occurs after the Certificate Issue Date, (c) occurs while this Certificate is in force and (d) is not excluded by name or specific description in this Certificate.

Due Date means the date renewal premiums are due.

Elimination Period means the number of consecutive days an Insured Person must be Totally Disabled before they are eligible to receive the Total Disability Monthly Benefit. We do not pay Total Disability Monthly Benefits during the Elimination Period.

Employee means the person who is named on the Certificate Schedule as the Insured Person and is Actively Employed with the Policyholder named in Your application.

Grace Period means the 31-day period after a Due Date in which premiums can still be paid and are considered to have been paid on the Due Date.

Immediate Family means the spouse, father, mother, children or siblings of an Insured Person.

Injury(ies) means bodily harm that is caused solely by or is the result of a Covered Accident. All Injuries sustained in any one Covered Accident and all complications and reoccurrences of complications are considered to be a single Injury.

Insured Person(s) means You or any other person(s) insured for the benefits of this Certificate or any attached certificate rider as listed on the Certificate Schedule, certificate rider Schedule, or as later amended.

Issue Date means the date an Insured Person first becomes insured for the benefits of this Certificate or any attached certificate riders as listed on the Certificate Schedule or certificate rider Schedule.

Maximum Benefit Period means the maximum period of time any combination of Total Disability Monthly Benefits and Partial Disability Monthly Benefits, if any, are paid as shown on the Certificate Schedule or certificate rider Schedule.

Mental or Nervous Disorder means any disorder listed in the Diagnostic and Statistical Manual of Mental Disorders (DSM), most current as of the date of disability, published by the American Psychiatric Association, excluding Alzheimer's disease, dementia, and organic brain damage caused by an accident or head trauma. If the DSM is discontinued or replaced, Mental/Nervous Disorder will include those disorders listed in the diagnostic manual then in use by the American Psychiatric Association as of the date of disability, excluding Alzheimer's disease, dementia and organic brain damage caused by an accident or head trauma.

Partial Disability and **Partially Disabled** mean a degree of disability due to a Sickness or Injury which:

- requires a Physician's care that is appropriate for the Sickness or Injury; and
- keeps You from doing one or more, but not all, of the substantial and material duties of Your occupation or results in the loss of 25% or more of the time spent by You in the usual daily performance of the duties of Your occupation.

Physician means a doctor of medicine or osteopathy who is duly licensed by the state medical board. Such Physician cannot be a member of an Insured Person's Immediate Family or business associate and must be providing services within the scope of his or her license/specialty. Practitioners other than those named above are not Physicians.

Policy means the group master Policy.

Policyholder means the entity on the Policy Schedule and Certificate Schedule.

Pre-existing Condition means a Sickness or physical condition for which, during the 12 months before the Certificate Issue Date, an Insured Person (a) had symptoms which would cause an ordinary prudent person to seek diagnosis, care or treat or (b) received medical consultation, advice or treatment from a Physician or had been prescribed medication.

Recurrent Total Disability means a situation in which You become Totally Disabled, cease to be Totally Disabled, then become Totally Disabled again from the same or related Sickness or Injury. The latter Total Disability will be considered a Recurrent Total Disability.

Reinstatement Date means the date We have both approved Your reinstatement application and received any premiums due.

Sickness means an illness, disease or condition, including Complications of Pregnancy, of the Insured Person. Total Disability arising from pregnancy, pregnancy related conditions (other than Complications of Pregnancy), child birth, or other termination of pregnancy will be considered as a Sickness only if the Total Disability begins at least 10 months after the Certificate Issue Date.

Total Disability and **Totally Disabled** mean a disability due to a Sickness or Injury which occurs while You are not Actively at Work and which (a) keeps You from doing the substantial and material duties of Your own occupation, (b) starts while this Certificate is in force, and (c) requires a Physician's care that is appropriate for the Sickness or Injury.

Monthly Benefits are not payable if (a) the disability is due to an Injury and begins more than 30 days after the Injury or (b) You are working for wage, salary or profit during a period of Total Disability.

We, Us and **Our** mean Assurity Life Insurance Company.

You and **Your** mean the Employee who is the Insured Person listed on the Certificate Schedule.

PREMIUMS

Premium Payments. The first premium is due on the Certificate Issue Date. Premiums will include any certificate rider premiums. Premiums paid after the first premium are renewal premiums. We may change the premium rates after the Policy has been in force for 12 months, but not more than once in a 12-month period. If We change premium rates, We can only do so for all Certificates under the Policy. A 31-day notice will be given by mail to the Policyholder prior to any premium change.

Renewal premiums are due on the Due Date. This Certificate will lapse (will not be in force) if a renewal premium is not paid by the end of the Grace Period.

Grace Period. Premium must be paid during the Grace Period. This Certificate will remain in force during this time. The Grace Period does not apply if We receive notice to terminate this Certificate.

Reinstatement. If premium is not paid by the end of the Grace Period, this Certificate will lapse (will not be in force). If You want this Certificate reinstated (to be in force again), You must apply for reinstatement in writing to Our administrative office within one year of this Certificate lapsing. Your application for reinstatement requires Our approval. If Your application for reinstatement is approved, this Certificate may be reinstated with payment of any premium due. This Certificate will be reinstated on the Reinstatement Date. If We have not already acted to approve or decline Your application for reinstatement, this Certificate will be reinstated without approval 45 days after We receive Your application for reinstatement.

The reinstated Certificate will only cover disabilities resulting from such Injury as may be sustained after the Reinstatement Date. The reinstated Certificate shall also cover disabilities due to such Sickness as may begin more than 10 days after the Reinstatement Date.

The reinstated Certificate is subject to a new Pre-existing Condition period starting on the Reinstatement Date.

Refund of Unearned Premium. If this Certificate terminates due to death, We will refund the portion of any premiums paid which were applied to periods following the date of Your death.

Unpaid Premiums. When a claim is paid under this Certificate, any premium then due and unpaid may be deducted by Us from the claim payment and applied to the premium due. If the premium due is more than the amount payable for the claim, no benefit is payable.

TOTAL DISABILITY BENEFIT

Monthly Benefit Payment. We will pay the Total Disability Monthly Benefit if You are Totally Disabled and the Elimination Period has been satisfied. We will pay Total Disability Monthly Benefits while You are Totally Disabled or to the end of the Maximum Benefit Period, whichever is first. Total Disability Monthly Benefits will be paid for only one of two or more Concurrent Disabilities. A Total Disability from the same Sickness or Injury is subject to one Maximum Benefit Period. We will not pay for both Sickness and Injury for the same period of Total Disability.

A Recurrent Total Disability is considered a new Total Disability only if it is separated from the ending date of the prior Total Disability by a period of six consecutive months or more where You are Actively Employed on a continuous basis and not receiving any disability monthly benefits under this Certificate or any certificate riders. A new Total Disability is subject to a new Elimination Period and starts a new Maximum Benefit Period. Any other Recurrent Total Disability is considered a continuation of a prior Total Disability. A continuation of a prior Total Disability is not subject to a new Elimination Period, nor does it result in the start of a new Maximum Benefit Period.

Total Disability for Part of a Month. If Your Total Disability is payable for a period less than a full month, We will pay one-thirtieth (1/30) of the Total Disability Monthly Benefit for each day of Total Disability.

PARTIAL DISABILITY BENEFIT

Monthly Benefit Payment. We will pay the Partial Disability Monthly Benefit if You are Partially Disabled and have resumed part-time employment immediately following a period where You received Total Disability Monthly Benefits. Partial Disability payments count toward the Maximum Benefit Period and shall not be paid for a period greater than the Maximum Partial Benefit Period. Partial Disability Monthly Benefits will be paid for only one of two or more Concurrent Disabilities.

Partial Disability for Part of a Month. If Your Partial Disability is payable for a period less than a full month, We will pay one-thirtieth (1/30) of the Partial Disability Monthly Benefit for each day of Partial Disability.

WAIVER OF PREMIUM

We will begin to waive payment of Your renewal premiums on the first premium Due Date after You have been Totally Disabled from a covered condition for 90 days or the duration of the Elimination Period, whichever is longer. Waiver of premium ends when You cease to be Totally Disabled or at the end of the Maximum Benefit Period, whichever is first. Premiums are not waived during a period of Partial Disability.

LIMITATIONS

Pre-existing Condition. We will not pay benefits for a Total Disability that is caused by a Pre-existing Condition unless the Total Disability starts after this Certificate has been in force for 12 months from the Certificate Issue Date or for 12 months from the most recent Reinstatement Date.

Foreign Travel. We will pay up to a maximum of three disability monthly benefits for any disability sustained or continued outside the United States or Canada.

EXCLUSIONS

We will not pay benefits for conditions that are caused by or are the result of any Insured Person(s):

- operating, learning to operate, or serving as a crew member of any aircraft;
- engaging in hang-gliding, hot air ballooning, bungee jumping, parachuting, scuba diving, sail gliding, parasailing or parakiting or similar activities;
- riding in or driving any motor-driven vehicle in an organized race, stunt show or speed test;
- officiating, coaching, practicing for or participating in any semi-professional or professional competitive athletic contest for which any type of compensation or remuneration is received;
- being exposed to war or any act of war, declared or undeclared;
- actively serving in any of the armed forces, or units auxiliary thereto, including the National Guard or Army Reserve, except during active duty training of less than 60 days;
- suffering from a Mental or Nervous Disorder;
- being addicted to drugs or suffering from alcoholism;
- being under the influence of an excitant, depressant, hallucinogen, narcotic, or any other drug or intoxicant, including those prescribed by a Physician that are misused;
- being intoxicated (as determined by the laws governing the operation of motor vehicles in the jurisdiction where loss occurs) or under the influence of an illegal substance or a narcotic (except for narcotics used as prescribed to the Insured Person by a Physician);
- having cosmetic surgery or other elective procedures that are not medically necessary;
- having dental treatment;
- committing or attempting to commit a felony;
- being incarcerated or is caused while incarcerated in a penal institution or government detention facility;
- driving any taxi for wage, compensation or profit;
- engaging in an illegal activity or occupation;
- intentionally self-inflicting an Injury; or
- committing or attempting to commit suicide, while sane or insane.

TERMINATION

Coverage will terminate and no benefits will be payable under this Certificate or any attached certificate riders on the earliest of the following:

- the date the Policy terminates;
- the date You no longer meet the definition of Employee;
- when any premium due for this Certificate is not paid before the end of the Grace Period;
- the date We receive from You or the Policyholder written notice to terminate this Certificate unless the notice specifies a later date;
- when You establish residence in a foreign country; or
- upon Your death.

Continuation. Coverage may continue under this Certificate when Your employment with the Policyholder terminates. This Certificate must be in force for at least six consecutive months before employment terminates. Coverage may continue if You are not:

- currently disabled;
- on a leave of absence;
- retiring; or
- covered under another group disability policy.

Your written request and the first premium payment for the continuation of coverage must be received in Our administrative office within 90 days of Your employment termination date.

The continued coverage will provide You the same coverage provided under this Certificate at the time Your employment terminated. Continued coverage will terminate on the earliest of the following:

- 12 months from Your employment termination date;
- when You retire;
- the date You become covered under another group disability policy;
- the date the Policy terminates;
- when any premium due for this Certificate is not paid before the end of the Grace Period;
- the date We receive from You written notice to terminate this Certificate unless the notice specifies a later date;
- when You establish residence in a foreign county; or
- upon Your death.

CLAIM PROCEDURES

Notice of Claim. Written notice of claim must be given to Us within 20 calendar days after a loss covered by this Certificate occurs, or as soon as reasonably possible, subject to the Proof of Loss section. Notice must be given to Us at Assurity Life Insurance Company, P.O. Box 82533, Lincoln, Nebraska 68501-2533. The notice should include the Insured Person's name and Certificate number as shown on the Certificate Schedule. Notice should also include the name and address of the individual submitting the notice along with a description of their relationship to the Insured Person, if different, and a statement that payment of a claim is being requested.

Claim Forms. When We receive a notice of claim, We will send You the forms for filing the required proof of loss. If We do not send these forms within 15 calendar days, it shall be deemed You met the proof of loss requirement by giving Us written proof of the cause, nature and extent of the loss within the time limit stated in the Proof of Loss section.

Proof of Loss. Written proof of loss satisfactory to Us must be given to Us within 120 calendar days after such loss. If it is not possible to give written proof in the time required, We will not reduce or deny the claim for this reason if such proof is filed as soon as reasonably possible. In any event, the proof required must be given to Us no later than one year after such loss unless You are legally incapacitated. Written proof of loss includes all information We reasonably request, and may include, the date disability began and the cause of the disability and prognosis. Proof may include the Insured Person's pre-disability income, including tax returns and supporting income information and any proof that the Insured Person is under the care of a Physician. All medical records, including diagnostic exams, lab results and treatment notes/summaries, and pharmacy records where the Insured Person fills prescriptions may also be included.

Additional Proof of Loss. To assist Us in determining if the Insured Person is or remains disabled, We have the right, at Our expense, to require the Insured Person to provide an interview to Our representative(s) and undergo examination by a Physician, vocational expert, or other medical or vocational professional that We select. Any such additional proof of loss must be satisfactory to Us.

Time of Payment of Claim. Benefits for any loss covered by this Certificate will be paid after We receive written proof satisfactory to Us and all other provisions herein are met. We will pay the Total Disability Monthly Benefit or Partial Disability Monthly Benefit at the end of the month for which it is due.

Time of Loss. Benefits will be paid only for a loss which occurs while this Certificate is in force. Termination of this Certificate will not affect any claim for disability, provided that the Total Disability begins prior to termination of this Certificate and within 30 days after the date of the Injury or Sickness causing the disability.

Payment of Claim. All benefits will be paid to You if living or to Your Beneficiary. If no Beneficiary is living, benefits will be paid to Your estate. If benefits are payable to Your estate, We may pay up to \$1,000 to any relative of Yours who We find is entitled to it. Any payment made in good faith will fully discharge Us to the extent of the payment.

Overpayment Reimbursement. We have the right to recoup or recover any overpayment We make, for any reason, in processing a claim. We must be reimbursed in full for the amount of the overpayment.

Claim Review. If We deny a claim, We will provide written notice of Our reason(s) for the denial and the provision(s) herein that We relied upon. You have the right to ask Us to review the claim on appeal and the right to submit additional information to Us that might change Our decision.

Appeal, if Governed by ERISA. If this policy provides coverage under an employee welfare benefit plan governed by the Employee Retirement Income Security Act (ERISA), 29 U.S.C. 1001 et seq., prior to filing any lawsuit against Us, You or Your Beneficiary (if You are deceased) must complete an appeal. The appeal request must be in writing and must be made within 180 days after receipt of Our denial decision. We will provide written notice of Our decision on appeal.

GENERAL PROVISIONS

Application Statement. No statement will void this Certificate or any attached certificate riders, or be used to deny a claim unless You made the statement in Your application, which includes any papers signed or information provided to get this Certificate.

In the absence of fraud, statements made in Your application, which includes any papers signed or information provided to get this Certificate, are deemed representations and not warranties. Representations are statements that, to the best of Your knowledge and understanding, represent the truth. Warranties are statements that are guaranteed to be true. If We considered Your statements as warranties, We could cancel this Certificate for any inaccuracy – even an honest mistake.

Agency. Neither the Policyholder, any employer, any associated company, nor any administrator appointed by the foregoing is Our agent. We are not liable for any of their acts or omissions.

Assignment. You can transfer, or assign, some or all of Your Certificate rights to someone else by making a contract with that person. We are not responsible for the validity of any assignment of this Certificate, nor are We bound by any assignment until We receive a copy of the assignment at Our office.

Change of Beneficiary. You may change the Beneficiary by completing and signing a form provided by Us for changing a Beneficiary and returning the form to Our administrative office for Our written acknowledgement.

Naming a new Beneficiary voids any prior designation unless stated otherwise in the new designation.

When We furnish You written acknowledgement of the change of Beneficiary, the change becomes effective on the date You signed Our form. We are not liable for payments made or action taken prior to Our written acknowledgement of the Beneficiary change.

Conformity with State and Federal Law. The laws of the federal government and Your state of residence on the Certificate Issue Date apply. If the Policy or this Certificate conflicts with the laws of the federal government or Your state on the Certificate Issue Date, it is considered changed to meet those laws. The change will be to the law's minimum requirement.

Discretionary Authority, if Governed by ERISA. If this Certificate provides coverage under an employee welfare benefit plan governed by the Employee Retirement Income Security Act (ERISA), 29 U.S.C. 1001 et seq., We have the discretion and authority to construe the provisions of this Certificate and to make all decisions regarding eligibility and/or entitlement to coverage or benefits. Whenever We make determinations which are not arbitrary or capricious in the administration of this Certificate, such determinations shall be final and conclusive.

Duty of Cooperation. You and any Beneficiary shall reasonably cooperate during any investigation or adjudication of a claim. This cooperation shall include providing information We request and authorizing the release of medical records to Us.

Entire Contract; Changes. The entire contract consists of the Policy and this Certificate, which includes the Policyholder's and Your application and any riders, endorsements, amendments or any other papers We have attached. No change in the Policy or this Certificate will be effective until approved by one of Our officers and unless such approval is endorsed and attached to the Policy or this Certificate. No sales representative has authority to change the Policy or this Certificate or to waive any of its provisions.

Legal Action. You cannot bring a legal action to recover benefits under this Certificate for at least 60 days after You have given Us written proof of loss. You cannot start such an action more than three years after the date proof of loss is required.

Misstatement of Age. If the age of any Insured Person has been misstated, an adjustment in premiums, coverage, or both, will be made based on the Insured Person's correct age. If, according to the correct age, the coverage provided would not have become effective, or would have ceased, Our only liability during the period in which the Insured Person was not eligible for coverage, shall be limited to the refund, upon written request to Our administrative office, of premiums paid for such period.

Misstatement of Income. If Your income has been misstated, an adjustment in premiums, coverage, or both, will be made based on the income at the time of application. No misstatement of income will continue insurance otherwise validly terminated or terminate insurance otherwise validly in force. If, according to Your correct income, the coverage provided would not have become effective, Our only liability shall be limited to the refund, upon written request to Our administrative office, of premiums paid.

Physical Examination and Autopsy. We have the right to have an Insured Person examined when and as often as is reasonable while a claim is pending and to have an autopsy performed where it is not forbidden by law. If We initiate the request, either or both will be done at Our expense.

Time Limit on Certain Defenses. After three years from the Certificate Issue Date, excluding any time an Insured Person was Totally Disabled, We cannot use misstatements, except fraudulent misstatements, in Your application (which includes any papers signed or information provided to get this Certificate) to void coverage or deny a claim for loss that happens after the three-year period.

After three years from the last Reinstatement Date, excluding any time an Insured Person was Totally Disabled, We cannot use misstatements, except fraudulent misstatements, in Your reinstatement application (which includes any papers signed or information provided to reinstate this Certificate) to void coverage or deny a claim for loss that happens after the three-year period.

No claim for loss incurred after three years from the Certificate Issue Date, shall be reduced or denied on the ground that a disease or physical condition not excluded from coverage by name or specific description existing on the date of loss had existed prior to the effective date of coverage of this Certificate.

Time of Coverage. Coverage starts on the Certificate Issue Date at 12:01 a.m., in the time zone of Your permanent residence. It ends at 12:01 a.m. in the same time zone on the renewal date, subject to the Grace Period. Each time this Certificate is renewed, the new term begins when the old term ends.

Workers' Compensation. This Certificate is not in place of, and does not affect any state's requirements for coverage by Workers' Compensation insurance.

OFF-THE-JOB ACCIDENT AND SICKNESS DISABILITY INCOME CERTIFICATE OF INSURANCE

Company may change premium rates

READ YOUR CERTIFICATE CAREFULLY

**ASSURITY® LIFE INSURANCE COMPANY**

Post Office Box 82533, Lincoln, NE 68501-2533
(402) 476-6500 • (800) 869-0355 • www.assurity.com

**Off-the-Job
Accident-Only Disability
Income Master Policy**

This Policy is a legal contract between the group Policyholder and Us (Assurity Life Insurance Company, a stock company). We issue this Policy and the Certificates based on the Policyholder's and the Employee's applications and payment of premium when due. This Policy alone is the only contract under which payment will be made. Any difference between this Policy and the Certificate will be settled according to the provisions of this Policy.

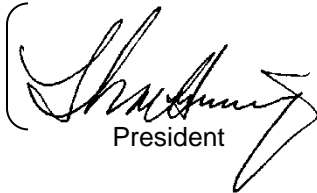
RIGHT TO EXAMINE

Each Certificate may be cancelled within 30 days of the Certificate Issue Date by returning the Certificate to Our administrative office. As soon as the Certificate is received by Us, it is treated as if it was never issued. Any premium payment will be refunded when We receive the Certificate.

RIGHT TO CANCEL

After the 30-day period specified in the Right to Examine section, each Employee may cancel their Certificate by notifying Us in writing to do so. The Certificate will be cancelled effective as of the end of the period for which premiums have been paid unless the notice specifies a later date. Cancellation of the Certificate will be without prejudice to any claim made prior to termination.

Assurity Life Insurance Company has signed this Policy on the Effective Date.


President


Secretary

**Important Cancellation Information – Please read the
“Right to Cancel” and “Termination” sections.**

Company may change premium rates

Representative: [Alex Agent]
Address: [123 Any Boulevard]
[Anytown xx 12345-6789]

Telephone: [(123) 456-7890]

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SCHEDULE

FORM NO.	FORM NAME
G H1214 (AR)	Off-the-Job Accident–Only Disability Income Master Policy
[R G1215 (AR)	Emergency Accident Master Rider
R G1217	On-the-Job Accident-Only Disability Income Master Rider
R G1218	Retroactive Injury Benefit Master Rider
R G1219	Spouse Accident-Only Disability Income Master Rider]

Policyholder: [Group Master Name] Policy Number: [Group Master Number]
Effective Date: []

DEFINITIONS

Actively at Work means performing the duties of the Employee's occupation for the Policyholder for a wage, salary or profit.

Actively Employed means the Employee must be working at least the number of hours required for benefit eligibility as shown on the Policyholder's application and performing the substantial and material duties of their regular occupation. Normal vacation or personal days are considered Actively Employed. However, if vacation or personal days are used to cover disability, sickness or injury, those days are not considered Actively Employed.

Beneficiary means the person named by the Employee in the application, or later changed as described in the Change of Beneficiary section.

Certificate means the Certificate issued to the Employee describing the terms of the Policy, to whom benefits will be paid and the limitations and conditions that apply.

Concurrent Disabilities means disabilities occurring at the same time caused by more than one Injury, whether they are related or not.

Covered Accident means an unforeseen event which (a) directly, independently of all other causes and exclusively results in an Injury, (b) occurs after the Certificate Issue Date, (c) occurs while the Certificate is in force and (d) is not excluded by name or specific description in the Certificate.

Due Date means the date renewal premiums are due.

Elimination Period means the number of consecutive days an Insured Person must be Totally Disabled before they are eligible to receive the Total Disability Monthly Benefit. We do not pay Total Disability Monthly Benefits during the Elimination Period.

Employee means the person who is named on the Certificate Schedule as the Insured Person and is Actively Employed with the Policyholder named in the Employee's application.

Grace Period means the 31-day period after a Due Date in which premiums can still be paid and are considered to have been paid on the Due Date.

Immediate Family means the spouse, father, mother, children or siblings of an Insured Person.

Injury(ies) means bodily harm that is caused solely by or is the result of a Covered Accident. All Injuries sustained in any one Covered Accident and all complications and reoccurrences of complications are considered to be a single Injury.

Insured Person(s) means the Employee or any other person(s) insured for the benefits of the Certificate or any attached certificate rider as listed on the Certificate Schedule, certificate rider Schedule, or as later amended.

Issue Date means the date an Insured Person first becomes insured for the benefits of the Certificate or any attached certificate riders as listed on the Certificate Schedule or certificate rider Schedule.

Maximum Benefit Period means the maximum period of time any combination of Total Disability Monthly Benefits and Partial Disability Monthly Benefits, if any, are paid as shown on the Certificate Schedule or certificate rider Schedule.

Mental or Nervous Disorder means any disorder listed in the Diagnostic and Statistical Manual of Mental Disorders (DSM), most current as of the date of disability, published by the American Psychiatric Association, excluding Alzheimer's disease, dementia, and organic brain damage caused by an accident or head trauma. If the DSM is discontinued or replaced, Mental/Nervous Disorder will include those disorders listed in the diagnostic manual then in use by the American Psychiatric Association as of the date of disability, excluding Alzheimer's disease, dementia and organic brain damage caused by an accident or head trauma.

Partial Disability and **Partially Disabled** mean a degree of disability due to an Injury which:

- requires a Physician's care that is appropriate for the Injury; and
- keeps the Employee from doing one or more, but not all, of the substantial and material duties of their occupation or results in the loss of 25% or more of the time spent by the Employee in the usual daily performance of the duties of their occupation.

Physician means a doctor of medicine or osteopathy who is duly licensed by the state medical board. Such Physician cannot be a member of an Insured Person's Immediate Family or business associate and must be providing services within the scope of his or her license/specialty. Practitioners other than those named above are not Physicians.

Policy means the group master Policy.

Policyholder means the entity on the Policy Schedule and Certificate Schedule.

Pre-existing Condition means a Sickness or physical condition for which, during the 12 months before the Certificate Issue Date, an Insured Person (a) had symptoms which would cause an ordinary prudent person to seek diagnosis, care or treat or (b) received medical consultation, advice or treatment from a Physician or had been prescribed medication.

Recurrent Total Disability means a situation in which the Employee becomes Totally Disabled, ceases to be Totally Disabled, then becomes Totally Disabled again from the same or related Injury. The latter Total Disability will be considered a Recurrent Total Disability.

Reinstatement Date means the date We have both approved the Employee's reinstatement application and received any premiums due.

Sickness means an illness, disease or condition of the Insured Person.

Total Disability and **Totally Disabled** mean a disability due to an Injury which occurs while the Employee is not Actively at Work and which (a) keeps the Employee from doing the substantial and material duties of their own occupation, (b) starts while the Certificate is in force, and (c) requires a Physician's care that is appropriate for the Injury.

Monthly Benefits are not payable if (a) the disability is due to an Injury and begins more than 30 days after the Injury or (b) the Employee is working for wage, salary or profit during a period of Total Disability.

We, Us and **Our** mean Assurity Life Insurance Company.

PREMIUMS

Premium Payments. The first premium is due on the Certificate Issue Date. Premiums will include any certificate rider premiums. Premiums paid after the first premium are renewal premiums. We may change the premium rates after this Policy has been in force for 12 months, but not more than once in a 12-month period. If We change premium rates, We can only do so for all Certificates under this Policy. A 31-day notice will be given by mail to the Policyholder prior to any premium change.

Renewal premiums are due on the Due Date. The Certificate will lapse (will not be in force) if a renewal premium is not paid by the end of the Grace Period.

Grace Period. Premium must be paid during the Grace Period. The Certificate will remain in force during this time. The Grace Period does not apply if We receive notice to terminate the Certificate.

Reinstatement. If premium is not paid by the end of the Grace Period, the Certificate will lapse (will not be in force). If the Employee wants the Certificate reinstated (to be in force again), they must apply for reinstatement in writing to Our administrative office within one year of the Certificate lapsing. Their application for reinstatement requires Our approval. If their application for reinstatement is approved, the Certificate may be reinstated with payment of any premium due. The Certificate will be reinstated on the Reinstatement Date. If We have not already acted to approve or decline their application for reinstatement, the Certificate will be reinstated without approval 45 days after We receive their application for reinstatement.

The reinstated Certificate will only cover disabilities resulting from such Injury as may be sustained after the Reinstatement Date.

The reinstated Certificate is subject to a new Pre-existing Condition period starting on the Reinstatement Date.

Refund of Unearned Premium. If the Certificate terminates due to death, We will refund the portion of any premiums paid which were applied to periods following the date of the Employee's death.

Unpaid Premiums. When a claim is paid under the Certificate, any premium then due and unpaid may be deducted by Us from the claim payment and applied to the premium due. If the premium due is more than the amount payable for the claim, no benefit is payable.

TOTAL DISABILITY BENEFIT

Monthly Benefit Payment. We will pay the Total Disability Monthly Benefit if the Employee is Totally Disabled and the Elimination Period has been satisfied. We will pay Total Disability Monthly Benefits while the Employee is Totally Disabled or to the end of the Maximum Benefit Period, whichever is first. Total Disability Monthly Benefits will be paid for only one of two or more Concurrent Disabilities. A Total Disability from the same Injury is subject to one Maximum Benefit Period.

A Recurrent Total Disability is considered a new Total Disability only if it is separated from the ending date of the prior Total Disability by a period of six consecutive months or more where the Employee is Actively Employed on a continuous basis and not receiving any disability monthly benefits under the Certificate or any certificate riders. A new Total Disability is subject to a new Elimination Period and starts a new Maximum Benefit Period. Any other Recurrent Total Disability is considered a continuation of a prior Total Disability. A continuation of a prior Total Disability is not subject to a new Elimination Period, nor does it result in the start of a new Maximum Benefit Period.

Total Disability for Part of a Month. If the Employee's Total Disability is payable for a period less than a full month, We will pay one-thirtieth (1/30) of the Total Disability Monthly Benefit for each day of Total Disability.

PARTIAL DISABILITY BENEFIT

Monthly Benefit Payment. We will pay the Partial Disability Monthly Benefit if the Employee is Partially Disabled and has resumed part-time employment immediately following a period where they received Total Disability Monthly Benefits. Partial Disability payments count toward the Maximum Benefit Period and shall not be paid for a period greater than the Maximum Partial Benefit Period. Partial Disability Monthly Benefits will be paid for only one of two or more Concurrent Disabilities.

Partial Disability for Part of a Month. If the Employee's Partial Disability is payable for a period less than a full month, We will pay one-thirtieth (1/30) of the Partial Disability Monthly Benefit for each day of Partial Disability.

WAIVER OF PREMIUM

We will begin to waive payment of the Employee's renewal premiums on the first premium Due Date after they have been Totally Disabled from a covered condition for 90 days or the duration of the Elimination Period, whichever is longer. Waiver of premium ends when they cease to be Totally Disabled or at the end of the Maximum Benefit Period, whichever is first. Premiums are not waived during a period of Partial Disability.

LIMITATIONS

Pre-existing Condition. We will not pay benefits for a Total Disability that is caused by a Pre-existing Condition unless the Total Disability starts after the Certificate has been in force for 12 months from the Certificate Issue Date or for 12 months from the most recent Reinstatement Date.

Foreign Travel. We will pay up to a maximum of three disability monthly benefits for any disability sustained or continued outside the United States or Canada.

EXCLUSIONS

We will not pay benefits for conditions that are caused by or are the result of any Insured Person(s):

- having any Sickness or condition independent of the Covered Accident, including physical or mental infirmity;
- operating, learning to operate, or serving as a crew member of any aircraft;
- engaging in hang-gliding, hot air ballooning, bungee jumping, parachuting, scuba diving, sail gliding, parasailing or parakiting or similar activities;
- riding in or driving any motor-driven vehicle in an organized race, stunt show or speed test;
- officiating, coaching, practicing for or participating in any semi-professional or professional competitive athletic contest for which any type of compensation or remuneration is received;
- being exposed to war or any act of war, declared or undeclared;
- actively serving in any of the armed forces, or units auxiliary thereto, including the National Guard or Army Reserve, except during active duty training of less than 60 days;
- suffering from a Mental or Nervous Disorder;
- being addicted to drugs or suffering from alcoholism;
- being under the influence of an excitant, depressant, hallucinogen, narcotic, or any other drug or intoxicant, including those prescribed by a Physician that are misused;
- being intoxicated (as determined by the laws governing the operation of motor vehicles in the jurisdiction where loss occurs) or under the influence of an illegal substance or a narcotic (except for narcotics used as prescribed to the Insured Person by a Physician);
- having cosmetic surgery or other elective procedures that are not medically necessary;
- having dental treatment;
- committing or attempting to commit a felony;
- being incarcerated or is caused while incarcerated in a penal institution or government detention facility;
- driving any taxi for wage, compensation or profit;
- engaging in an illegal activity or occupation;
- intentionally self-inflicting an Injury; or
- committing or attempting to commit suicide, while sane or insane.

TERMINATION

Termination of Policy. Coverage will terminate and no benefits will be payable under this Policy, any Certificate or any attached riders when either the Policyholder or We cancel this Policy upon giving at least 61 days written notice to the other. We will not cancel this Policy prior to the end of the first year following the Policy Effective Date.

Termination of Certificate. Coverage will terminate and no benefits will be payable under the Certificate or any attached certificate riders on the earliest of the following:

- the date this Policy terminates;
- the date the Employee no longer meets the definition of Employee;
- when any premium due for the Certificate is not paid before the end of the Grace Period;
- the date We receive from the Employee or the Policyholder written notice to terminate the Certificate unless the notice specifies a later date;
- when the Employee establishes residence in a foreign country; or
- upon the Employee's death.

Continuation. Coverage may continue under the Certificate when the Employee ceases to be employed with the Policyholder. The Certificate must be in force for at least six consecutive months before employment terminates. Coverage may continue if the Employee is not:

- currently disabled;
- on a leave of absence;
- retiring; or
- covered under another group disability policy.

The Employee's written request and the first premium payment for the continuation of coverage must be received in Our administrative office within 90 days of the Employee's termination date.

The continued coverage will provide the Employee the same coverage provided under the Certificate at the time employment terminated. Continued coverage will terminate on the earliest of the following:

- 12 months from the Employee's termination date;
- when the Employee retires;
- the date the Employee becomes covered under another group disability policy;
- the date this Policy terminates;
- when any premium due for the Certificate is not paid before the end of the Grace Period;
- the date We receive from the Employee written notice to terminate the Certificate unless the notice specifies a later date;
- when the Employee establishes residence in a foreign country; or
- upon the Employee's death.

CLAIM PROCEDURES

Notice of Claim. Written notice of claim must be given to Us within 20 calendar days after a loss covered by the Certificate occurs, or as soon as reasonably possible, subject to the Proof of Loss section. Notice must be given to Us at Assurity Life Insurance Company, P.O. Box 82533, Lincoln, Nebraska 68501-2533. The notice should include the Insured Person's name and Certificate number as shown on the Certificate Schedule. Notice should also include the name and address of the individual submitting the notice along with a description of their relationship to the Insured Person, if different, and a statement that payment of a claim is being requested.

Claim Forms. When We receive a notice of claim, We will send the Employee the forms for filing the required proof of loss. If We do not send these forms within 15 calendar days, it shall be deemed that the Employee met the proof of loss requirement by giving Us written proof of the cause, nature and extent of the loss within the time limit stated in the Proof of Loss section.

Proof of Loss. Written proof of loss satisfactory to Us must be given to Us within 120 calendar days after such loss. If it is not possible to give written proof in the time required, We will not reduce or deny the claim for this reason if such proof is filed as soon as reasonably possible. In any event, the proof required must be given to Us no later than one year after such loss unless the Employee is legally incapacitated. Written proof of loss includes all information We reasonably request, and may include, the date disability began and the cause of the disability and prognosis. Proof may include the Insured Person's pre-disability income, including tax returns and supporting income information and any proof that the Insured Person is under the care of a Physician. All medical records, including diagnostic exams, lab results and treatment notes/summaries, and pharmacy records where the Insured Person fills prescriptions may also be included.

Additional Proof of Loss. To assist Us in determining if the Insured Person is or remains disabled, We have the right, at Our expense, to require the Insured Person to provide an interview to Our representative(s) and undergo examination by a Physician, vocational expert, or other medical or vocational professional that We select. Any such additional proof of loss must be satisfactory to Us.

Time of Payment of Claim. Benefits for any loss covered by the Certificate will be paid after We receive written proof satisfactory to Us and all other provisions herein are met. We will pay the Total Disability Monthly Benefit or Partial Disability Monthly Benefit at the end of the month for which it is due.

Time of Loss. Benefits will be paid only for a loss which occurs while the Certificate is in force. Termination of the Certificate will not affect any claim for disability, provided that the Total Disability begins prior to termination of the Certificate and within 30 days after the date of the Injury causing the disability.

Payment of Claim. All benefits will be paid to the Employee if living or to the Employee's Beneficiary. If no Beneficiary is living, benefits will be paid to the Employee's estate. If benefits are payable to the Employee's estate, We may pay up to \$1,000 to any relative of the Employee who We find is entitled to it. Any payment made in good faith will fully discharge Us to the extent of the payment.

Overpayment Reimbursement. We have the right to recoup or recover any overpayment We make, for any reason, in processing a claim. We must be reimbursed in full for the amount of the overpayment.

Claim Review. If We deny a claim, We will provide written notice of Our reason(s) for the denial and the provision(s) herein that We relied upon. You have the right to ask Us to review the claim on appeal and the right to submit additional information to Us that might change Our decision.

Appeal, if Governed by ERISA. If this policy provides coverage under an employee welfare benefit plan governed by the Employee Retirement Income Security Act (ERISA), 29 U.S.C. 1001 et seq., prior to filing any lawsuit against Us, You or Your Beneficiary (if You are deceased) must complete an appeal. The appeal request must be in writing and must be made within 180 days after receipt of Our denial decision. We will provide written notice of Our decision on appeal.

GENERAL PROVISIONS

Application Statement. No statement will void the Certificate or any attached certificate riders, or be used to deny a claim unless the Employee made the statement in their application, which includes any papers signed or information provided to get the Certificate.

In the absence of fraud, statements made in the Employee's application, which includes any papers signed or information provided to get the Certificate, are deemed representations and not warranties. Representations are statements that, to the best of the Employee's knowledge and understanding, represent the truth. Warranties are statements that are guaranteed to be true. If We considered the Employee's statements as warranties, We could cancel their Certificate for any inaccuracy – even an honest mistake.

Agency. Neither the Policyholder, any employer, any associated company, nor any administrator appointed by the foregoing is Our agent. We are not liable for any of their acts or omissions.

Assignment. The Employee can transfer, or assign, some or all of their Certificate rights to someone else by making a contract with that person. We are not responsible for the validity of any assignment of the Certificate, nor are We bound by any assignment until We receive a copy of the assignment at Our office.

Certificates. We will send the Certificates to the Policyholder to give to each Employee. The Certificates will state the insurance to which an Insured Person is entitled. It does not change the provisions of this Policy.

Change of Beneficiary. The Employee may change the Beneficiary by completing and signing a form provided by Us for changing a Beneficiary and returning the form to Our administrative office for Our written acknowledgement.

Naming a new Beneficiary voids any prior designation unless stated otherwise in the new designation.

When We furnish written acknowledgement of the change of Beneficiary, the change becomes effective on the date the Employee signed Our form. We are not liable for payments made or action taken prior to Our written acknowledgement of the Beneficiary change.

Conformity with State and Federal Law. The laws of the federal government and state in which the Employee resides on the Certificate Issue Date apply. If this Policy conflicts with the laws of the federal government or the state in which the Employee resides on the Certificate Issue Date, it is considered changed to meet those laws. The change will be to the law's minimum requirement.

Discretionary Authority, if Governed by ERISA. If this Policy provides coverage under an employee welfare benefit plan governed by the Employee Retirement Income Security Act (ERISA), 29 U.S.C. 1001 et seq., We have the discretion and authority to construe the provisions of this Policy and to make all decisions regarding eligibility and/or entitlement to coverage or benefits. Whenever We make determinations which are not arbitrary or capricious in the administration of this Policy, such determinations shall be final and conclusive.

Duty of Cooperation. The Employee and any Beneficiary shall reasonably cooperate during any investigation or adjudication of a claim. This cooperation shall include providing information We request and authorizing the release of medical records to Us.

Entire Contract; Changes. The entire contract consists of this Policy and the Certificates, which includes the Policyholder's and Employee's applications and any riders, endorsements, amendments or any other papers We have attached. No change in this Policy or the Certificates will be effective until approved by one of Our officers and unless such approval is endorsed and attached to this Policy or the Certificates. No sales representative has authority to change this Policy or the Certificates or to waive any of the provisions.

Legal Action. Neither the Policyholder nor the Employee can bring a legal action to recover benefits under this Policy for at least 60 days after the Policyholder or Employee has given Us written proof of loss. Neither the Policyholder nor the Employee can start such an action more than three years after the date proof of loss is required.

Misstatement of Age. If the age of any Insured Person has been misstated, an adjustment in premiums, coverage, or both, will be made based on the Insured Person's correct age. If, according to the correct age, the coverage provided would not have become effective, or would have ceased, Our only liability during the period in which the Insured Person was not eligible for coverage, shall be limited to the refund, upon written request to Our administrative office, of premiums paid for such period.

Misstatement of Income. If the Employee's income has been misstated, an adjustment in premiums, coverage, or both, will be made based on the income at the time of application. No misstatement of income will continue insurance otherwise validly terminated or terminate insurance otherwise validly in force. If, according to the Employee's correct income, the coverage provided would not have become effective, Our only liability shall be limited to the refund, upon written request to Our administrative office, of premiums paid.

Physical Examination and Autopsy. We have the right to have an Insured Person examined when and as often as is reasonable while a claim is pending and to have an autopsy performed where it is not forbidden by law. If We initiate the request, either or both will be done at Our expense.

Time Limit on Certain Defenses. After three years from the Certificate Issue Date, excluding any time an Insured Person was Totally Disabled, We cannot use misstatements, except fraudulent misstatements, in the Employee's application (which includes any papers signed or information provided to get the Certificate) to void coverage or deny a claim for loss that happens after the three-year period.

After three years from the last Reinstatement Date, excluding any time an Insured Person was Totally Disabled, We cannot use misstatements, except fraudulent misstatements, in the Employee's reinstatement application (which includes any papers signed or information provided to reinstate the Certificate) to void coverage or deny a claim for loss that happens after the three-year period.

No claim for loss incurred after three years from the Certificate Issue Date, shall be reduced or denied on the ground that a disease or physical condition not excluded from coverage by name or specific description existing on the date of loss had existed prior to the effective date of coverage of the Certificate.

Time of Coverage. Coverage starts on the Certificate Issue Date at 12:01 a.m., in the time zone of the Certificate's issue state. It ends at 12:01 a.m. in the same time zone on the renewal date, subject to the Grace Period. Each time the Certificate is renewed, the new term begins when the old term ends.

Workers' Compensation. This Policy is not in place of, and does not affect any state's requirements for coverage by Workers' Compensation insurance.

OFF-THE-JOB ACCIDENT-ONLY DISABILITY INCOME MASTER POLICY

Company may change premium rates

READ THIS POLICY CAREFULLY

**ASSURITY® LIFE INSURANCE COMPANY**

Post Office Box 82533, Lincoln, NE 68501-2533

(402) 476-6500 • (800) 869-0355 • www.assurity.com**Off-the-Job Accident-Only
Disability Income
Certificate of Insurance**

This Certificate is a part of the Policy that is a legal contract between the group Policyholder and Us (Assurity Life Insurance Company, a stock company). We issue this Certificate based on Your application and payment of premium when due. The Policy alone is the only contract under which payment will be made. Any difference between the Policy and this Certificate will be settled according to the provisions of the Policy.

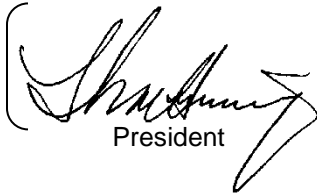
RIGHT TO EXAMINE

You may cancel this Certificate within 30 days of the Certificate Issue Date by returning this Certificate to Our administrative office. As soon as this Certificate is received by Us, it is treated as if it was never issued. Your premium payment will be refunded when We receive this Certificate.

RIGHT TO CANCEL

After the 30-day period specified in the Right to Examine section, You may cancel this Certificate by notifying Us in writing that You wish to do so. This Certificate will be cancelled effective as of the end of the period for which premiums have been paid unless Your notice specifies a later date. Cancellation of this Certificate will be without prejudice to any claim made prior to termination.

Assurity Life Insurance Company has signed this Certificate on the Issue Date.


President
Secretary

**Important Cancellation Information – Please read the
“Right to Cancel” and “Termination” sections.**

Company may change premium rates

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SCHEDULE

FORM NO.	FORM NAME	INITIAL ANNUAL PREMIUM
G H1214C (AR)	Off-the-Job Accident–Only Disability Income Certificate of Insurance	\$[]
	Total Disability Monthly Benefit: \$[300 - 5,000]	
	Maximum Benefit Period: [3, 6, 12, 24] months	
	Elimination Period: [0, 7, 14, 30, 60, 90, 180] consecutive days	
	Partial Disability Monthly Benefit: \$[150 – 2,500]	
	Maximum Partial Benefit Period: [3 or 6] months	
[R G1215C (AR)	Emergency Accident Certificate Rider	\$[]
R G1217C	On-the-Job Accident-Only Disability Income Certificate Rider	\$[]
R G1218C	Retroactive Injury Benefit Certificate Rider	\$[]
R G1219C	Spouse Accident-Only Disability Income Certificate Rider	\$[]

Policyholder:	[Group Master Name	]	Policy Number:	[Group Master Number]
Insured Person:	[	]	Certificate Number:	[]
Issue Age:	[	]	Issue Date:	[]
			Initial Premium:	[]
			Premium Mode:	[]

DEFINITIONS

Actively at Work means performing the duties of Your occupation for the Policyholder for a wage, salary or profit.

Actively Employed means You must be working at least the number of hours required for benefit eligibility as shown on the Policyholder's application and performing the substantial and material duties of Your regular occupation. Normal vacation or personal days are considered Actively Employed. However, if vacation or personal days are used to cover disability, sickness or injury, those days are not considered Actively Employed.

Beneficiary means the person named by You in the application, or later changed as described in the Change of Beneficiary section.

Certificate means the Certificate issued to the Employee describing the terms of the Policy, to whom benefits will be paid and the limitations and conditions that apply.

Concurrent Disabilities means disabilities occurring at the same time caused by more than one Injury, whether they are related or not.

Covered Accident means an unforeseen event which (a) directly, independently of all other causes and exclusively results in an Injury, (b) occurs after the Certificate Issue Date, (c) occurs while this Certificate is in force and (d) is not excluded by name or specific description in this Certificate.

Due Date means the date renewal premiums are due.

Elimination Period means the number of consecutive days an Insured Person must be Totally Disabled before they are eligible to receive the Total Disability Monthly Benefit. We do not pay Total Disability Monthly Benefits during the Elimination Period.

Employee means the person who is named on the Certificate Schedule as the Insured Person and is Actively Employed with the Policyholder named in Your application.

Grace Period means the 31-day period after a Due Date in which premiums can still be paid and are considered to have been paid on the Due Date.

Immediate Family means the spouse, father, mother, children or siblings of an Insured Person.

Injury(ies) means bodily harm that is caused solely by or is the result of a Covered Accident. All Injuries sustained in any one Covered Accident and all complications and reoccurrences of complications are considered to be a single Injury.

Insured Person(s) means You or any other person(s) insured for the benefits of this Certificate or any attached certificate rider as listed on the Certificate Schedule, certificate rider Schedule, or as later amended.

Issue Date means the date an Insured Person first becomes insured for the benefits of this Certificate or any attached certificate riders as listed on the Certificate Schedule or certificate rider Schedule.

Maximum Benefit Period means the maximum period of time any combination of Total Disability Monthly Benefits and Partial Disability Monthly Benefits, if any, are paid as shown on the Certificate Schedule or certificate rider Schedule.

Mental or Nervous Disorder means any disorder listed in the Diagnostic and Statistical Manual of Mental Disorders (DSM), most current as of the date of disability, published by the American Psychiatric Association, excluding Alzheimer's disease, dementia, and organic brain damage caused by an accident or head trauma. If the DSM is discontinued or replaced, Mental/Nervous Disorder will include those disorders listed in the diagnostic manual then in use by the American Psychiatric Association as of the date of disability, excluding Alzheimer's disease, dementia and organic brain damage caused by an accident or head trauma.

Partial Disability and **Partially Disabled** mean a degree of disability due to an Injury which:

- requires a Physician's care that is appropriate for the Injury; and
- keeps You from doing one or more, but not all, of the substantial and material duties of Your occupation or results in the loss of 25% or more of the time spent by You in the usual daily performance of the duties of Your occupation.

Physician means a doctor of medicine or osteopathy who is duly licensed by the state medical board. Such Physician cannot be a member of an Insured Person's Immediate Family or business associate and must be providing services within the scope of his or her license/specialty. Practitioners other than those named above are not Physicians.

Policy means the group master Policy.

Policyholder means the entity on the Policy Schedule and Certificate Schedule.

Pre-existing Condition means a Sickness or physical condition for which, during the 12 months before the Certificate Issue Date, an Insured Person (a) had symptoms which would cause an ordinary prudent person to seek diagnosis, care or treat or (b) received medical consultation, advice or treatment from a Physician or had been prescribed medication.

Recurrent Total Disability means a situation in which You become Totally Disabled, cease to be Totally Disabled, then become Totally Disabled again from the same or related Injury. The latter Total Disability will be considered a Recurrent Total Disability.

Reinstatement Date means the date We have both approved Your reinstatement application and received any premiums due.

Sickness means an illness, disease or condition of the Insured Person.

Total Disability and **Totally Disabled** mean a disability due to an Injury which occurs while You are not Actively at Work and which (a) keeps You from doing the substantial and material duties of Your own occupation, (b) starts while this Certificate is in force, and (c) requires a Physician's care that is appropriate for the Injury.

Monthly Benefits are not payable if (a) the disability is due to an Injury and begins more than 30 days after the Injury or (b) You are working for wage, salary or profit during a period of Total Disability.

We, Us and **Our** mean Assurity Life Insurance Company.

You and **Your** mean the Employee who is the Insured Person listed on the Certificate Schedule.

PREMIUMS

Premium Payments. The first premium is due on the Certificate Issue Date. Premiums will include any certificate rider premiums. Premiums paid after the first premium are renewal premiums. We may change the premium rates after the Policy has been in force for 12 months, but not more than once in a 12-month period. If We change premium rates, We can only do so for all Certificates under the Policy. A 31-day notice will be given by mail to the Policyholder prior to any premium change.

Renewal premiums are due on the Due Date. This Certificate will lapse (will not be in force) if a renewal premium is not paid by the end of the Grace Period.

Grace Period. Premium must be paid during the Grace Period. This Certificate will remain in force during this time. The Grace Period does not apply if We receive notice to terminate this Certificate.

Reinstatement. If premium is not paid by the end of the Grace Period, this Certificate will lapse (will not be in force). If You want this Certificate reinstated (to be in force again), You must apply for reinstatement in writing to Our administrative office within one year of this Certificate lapsing. Your application for reinstatement requires Our approval. If Your application for reinstatement is approved, this Certificate may be reinstated with payment of any premium due. This Certificate will be reinstated on the Reinstatement Date. If We have not already acted to approve or decline Your application for reinstatement, this Certificate will be reinstated without approval 45 days after We receive Your application for reinstatement.

The reinstated Certificate will only cover disabilities resulting from such Injury as may be sustained after the Reinstatement Date.

The reinstated Certificate is subject to a new Pre-existing Condition period starting on the Reinstatement Date.

Refund of Unearned Premium. If this Certificate terminates due to death, We will refund the portion of any premiums paid which were applied to periods following the date of Your death.

Unpaid Premiums. When a claim is paid under this Certificate, any premium then due and unpaid may be deducted by Us from the claim payment and applied to the premium due. If the premium due is more than the amount payable for the claim, no benefit is payable.

TOTAL DISABILITY BENEFIT

Monthly Benefit Payment. We will pay the Total Disability Monthly Benefit if You are Totally Disabled and the Elimination Period has been satisfied. We will pay Total Disability Monthly Benefits while You are Totally Disabled or to the end of the Maximum Benefit Period, whichever is first. Total Disability Monthly Benefits will be paid for only one of two or more Concurrent Disabilities. A Total Disability from the same Injury is subject to one Maximum Benefit Period.

A Recurrent Total Disability is considered a new Total Disability only if it is separated from the ending date of the prior Total Disability by a period of six consecutive months or more where You are Actively Employed on a continuous basis and not receiving any disability monthly benefits under this Certificate or any certificate riders. A new Total Disability is subject to a new Elimination Period and starts a new Maximum Benefit Period. Any other Recurrent Total Disability is considered a continuation of a prior Total Disability. A continuation of a prior Total Disability is not subject to a new Elimination Period, nor does it result in the start of a new Maximum Benefit Period.

Total Disability for Part of a Month. If Your Total Disability is payable for a period less than a full month, We will pay one-thirtieth (1/30) of the Total Disability Monthly Benefit for each day of Total Disability.

PARTIAL DISABILITY BENEFIT

Monthly Benefit Payment. We will pay the Partial Disability Monthly Benefit if You are Partially Disabled and have resumed part-time employment immediately following a period where You received Total Disability Monthly Benefits. Partial Disability payments count toward the Maximum Benefit Period and shall not be paid for a period greater than the Maximum Partial Benefit Period. Partial Disability Monthly Benefits will be paid for only one of two or more Concurrent Disabilities.

Partial Disability for Part of a Month. If Your Partial Disability is payable for a period less than a full month, We will pay one-thirtieth (1/30) of the Partial Disability Monthly Benefit for each day of Partial Disability.

WAIVER OF PREMIUM

We will begin to waive payment of Your renewal premiums on the first premium Due Date after You have been Totally Disabled from a covered condition for 90 days or the duration of the Elimination Period, whichever is longer. Waiver of premium ends when You cease to be Totally Disabled or at the end of the Maximum Benefit Period, whichever is first. Premiums are not waived during a period of Partial Disability.

LIMITATIONS

Pre-existing Condition. We will not pay benefits for a Total Disability that is caused by a Pre-existing Condition unless the Total Disability starts after this Certificate has been in force for 12 months from the Certificate Issue Date or for 12 months from the most recent Reinstatement Date.

Foreign Travel. We will pay up to a maximum of three disability monthly benefits for any disability sustained or continued outside the United States or Canada.

EXCLUSIONS

We will not pay benefits for conditions that are caused by or are the result of any Insured Person(s):

- having any Sickness or condition independent of the Covered Accident, including physical or mental infirmity;
- operating, learning to operate, or serving as a crew member of any aircraft;
- engaging in hang-gliding, hot air ballooning, bungee jumping, parachuting, scuba diving, sail gliding, parasailing or parakiting or similar activities;
- riding in or driving any motor-driven vehicle in an organized race, stunt show or speed test;
- officiating, coaching, practicing for or participating in any semi-professional or professional competitive athletic contest for which any type of compensation or remuneration is received;
- being exposed to war or any act of war, declared or undeclared;
- actively serving in any of the armed forces, or units auxiliary thereto, including the National Guard or Army Reserve, except during active duty training of less than 60 days;
- suffering from a Mental or Nervous Disorder;
- being addicted to drugs or suffering from alcoholism;
- being under the influence of an excitant, depressant, hallucinogen, narcotic, or any other drug or intoxicant, including those prescribed by a Physician that are misused;
- being intoxicated (as determined by the laws governing the operation of motor vehicles in the jurisdiction where loss occurs) or under the influence of an illegal substance or a narcotic (except for narcotics used as prescribed to the Insured Person by a Physician);
- having cosmetic surgery or other elective procedures that are not medically necessary;
- having dental treatment;
- committing or attempting to commit a felony;
- being incarcerated or is caused while incarcerated in a penal institution or government detention facility;
- driving any taxi for wage, compensation or profit;
- engaging in an illegal activity or occupation;
- intentionally self-inflicting an Injury; or
- committing or attempting to commit suicide, while sane or insane.

TERMINATION

Coverage will terminate and no benefits will be payable under this Certificate or any attached certificate riders on the earliest of the following:

- the date the Policy terminates;
- the date You no longer meet the definition of Employee;
- when any premium due for this Certificate is not paid before the end of the Grace Period;
- the date We receive from You or the Policyholder written notice to terminate this Certificate unless the notice specifies a later date;
- when You establish residence in a foreign country; or
- upon Your death.

Continuation. Coverage may continue under this Certificate when Your employment with the Policyholder terminates. This Certificate must be in force for at least six consecutive months before employment terminates. Coverage may continue if You are not:

- currently disabled;
- on a leave of absence;
- retiring; or
- covered under another group disability policy.

Your written request and the first premium payment for the continuation of coverage must be received in Our administrative office within 90 days of Your employment termination date.

The continued coverage will provide You the same coverage provided under this Certificate at the time Your employment terminated. Continued coverage will terminate on the earliest of the following:

- 12 months from Your employment termination date;
- when You retire;
- the date You become covered under another group disability policy;
- the date the Policy terminates;
- when any premium due for this Certificate is not paid before the end of the Grace Period;
- the date We receive from You written notice to terminate this Certificate unless the notice specifies a later date;
- when You establish residence in a foreign county; or
- upon Your death.

CLAIM PROCEDURES

Notice of Claim. Written notice of claim must be given to Us within 20 calendar days after a loss covered by this Certificate occurs, or as soon as reasonably possible, subject to the Proof of Loss section. Notice must be given to Us at Assurity Life Insurance Company, P.O. Box 82533, Lincoln, Nebraska 68501-2533. The notice should include the Insured Person's name and Certificate number as shown on the Certificate Schedule. Notice should also include the name and address of the individual submitting the notice along with a description of their relationship to the Insured Person, if different, and a statement that payment of a claim is being requested.

Claim Forms. When We receive a notice of claim, We will send You the forms for filing the required proof of loss. If We do not send these forms within 15 calendar days, it shall be deemed You met the proof of loss requirement by giving Us written proof of the cause, nature and extent of the loss within the time limit stated in the Proof of Loss section.

Proof of Loss. Written proof of loss satisfactory to Us must be given to Us within 120 calendar days after such loss. If it is not possible to give written proof in the time required, We will not reduce or deny the claim for this reason if such proof is filed as soon as reasonably possible. In any event, the proof required must be given to Us no later than one year after such loss unless You are legally incapacitated. Written proof of loss includes all information We reasonably request, and may include, the date disability began and the cause of the disability and prognosis. Proof may include the Insured Person's pre-disability income, including tax returns and supporting income information and any proof that the Insured Person is under the care of a Physician. All medical records, including diagnostic exams, lab results and treatment notes/summaries, and pharmacy records where the Insured Person fills prescriptions may also be included.

Additional Proof of Loss. To assist Us in determining if the Insured Person is or remains disabled, We have the right, at Our expense, to require the Insured Person to provide an interview to Our representative(s) and undergo examination by a Physician, vocational expert, or other medical or vocational professional that We select. Any such additional proof of loss must be satisfactory to Us.

Time of Payment of Claim. Benefits for any loss covered by this Certificate will be paid after We receive written proof satisfactory to Us and all other provisions herein are met. We will pay the Total Disability Monthly Benefit or Partial Disability Monthly Benefit at the end of the month for which it is due.

Time of Loss. Benefits will be paid only for a loss which occurs while this Certificate is in force. Termination of this Certificate will not affect any claim for disability, provided that the Total Disability begins prior to termination of this Certificate and within 30 days after the date of the Injury causing the disability.

Payment of Claim. All benefits will be paid to You if living or to Your Beneficiary. If no Beneficiary is living, benefits will be paid to Your estate. If benefits are payable to Your estate, We may pay up to \$1,000 to any relative of Yours who We find is entitled to it. Any payment made in good faith will fully discharge Us to the extent of the payment.

Overpayment Reimbursement. We have the right to recoup or recover any overpayment We make, for any reason, in processing a claim. We must be reimbursed in full for the amount of the overpayment.

Claim Review. If We deny a claim, We will provide written notice of Our reason(s) for the denial and the provision(s) herein that We relied upon. You have the right to ask Us to review the claim on appeal and the right to submit additional information to Us that might change Our decision.

Appeal, if Governed by ERISA. If this policy provides coverage under an employee welfare benefit plan governed by the Employee Retirement Income Security Act (ERISA), 29 U.S.C. 1001 et seq., prior to filing any lawsuit against Us, You or Your Beneficiary (if You are deceased) must complete an appeal. The appeal request must be in writing and must be made within 180 days after receipt of Our denial decision. We will provide written notice of Our decision on appeal.

GENERAL PROVISIONS

Application Statement. No statement will void this Certificate or any attached certificate riders, or be used to deny a claim unless You made the statement in Your application, which includes any papers signed or information provided to get this Certificate.

In the absence of fraud, statements made in Your application, which includes any papers signed or information provided to get this Certificate, are deemed representations and not warranties. Representations are statements that, to the best of Your knowledge and understanding, represent the truth. Warranties are statements that are guaranteed to be true. If We considered Your statements as warranties, We could cancel this Certificate for any inaccuracy – even an honest mistake.

Agency. Neither the Policyholder, any employer, any associated company, nor any administrator appointed by the foregoing is Our agent. We are not liable for any of their acts or omissions.

Assignment. You can transfer, or assign, some or all of Your Certificate rights to someone else by making a contract with that person. We are not responsible for the validity of any assignment of this Certificate, nor are We bound by any assignment until We receive a copy of the assignment at Our office.

Change of Beneficiary. You may change the Beneficiary by completing and signing a form provided by Us for changing a Beneficiary and returning the form to Our administrative office for Our written acknowledgement.

Naming a new Beneficiary voids any prior designation unless stated otherwise in the new designation.

When We furnish You written acknowledgement of the change of Beneficiary, the change becomes effective on the date You signed Our form. We are not liable for payments made or action taken prior to Our written acknowledgement of the Beneficiary change.

Conformity with State and Federal Law. The laws of the federal government and Your state of residence on the Certificate Issue Date apply. If the Policy or this Certificate conflicts with the laws of the federal government or Your state on the Certificate Issue Date, it is considered changed to meet those laws. The change will be to the law's minimum requirement.

Discretionary Authority, if Governed by ERISA. If this Certificate provides coverage under an employee welfare benefit plan governed by the Employee Retirement Income Security Act (ERISA), 29 U.S.C. 1001 et seq., We have the discretion and authority to construe the provisions of this Certificate and to make all decisions regarding eligibility and/or entitlement to coverage or benefits. Whenever We make determinations which are not arbitrary or capricious in the administration of this Certificate, such determinations shall be final and conclusive.

Duty of Cooperation. You and any Beneficiary shall reasonably cooperate during any investigation or adjudication of a claim. This cooperation shall include providing information We request and authorizing the release of medical records to Us.

Entire Contract; Changes. The entire contract consists of the Policy and this Certificate, which includes the Policyholder's and Your application and any riders, endorsements, amendments or any other papers We have attached. No change in the Policy or this Certificate will be effective until approved by one of Our officers and unless such approval is endorsed and attached to the Policy or this Certificate. No sales representative has authority to change the Policy or this Certificate or to waive any of its provisions.

Legal Action. You cannot bring a legal action to recover benefits under this Certificate for at least 60 days after You have given Us written proof of loss. You cannot start such an action more than three years after the date proof of loss is required.

Misstatement of Age. If the age of any Insured Person has been misstated, an adjustment in premiums, coverage, or both, will be made based on the Insured Person's correct age. If, according to the correct age, the coverage provided would not have become effective, or would have ceased, Our only liability during the period in which the Insured Person was not eligible for coverage, shall be limited to the refund, upon written request to Our administrative office, of premiums paid for such period.

Misstatement of Income. If Your income has been misstated, an adjustment in premiums, coverage, or both, will be made based on the income at the time of application. No misstatement of income will continue insurance otherwise validly terminated or terminate insurance otherwise validly in force. If, according to Your correct income, the coverage provided would not have become effective, Our only liability shall be limited to the refund, upon written request to Our administrative office, of premiums paid.

Physical Examination and Autopsy. We have the right to have an Insured Person examined when and as often as is reasonable while a claim is pending and to have an autopsy performed where it is not forbidden by law. If We initiate the request, either or both will be done at Our expense.

Time Limit on Certain Defenses. After three years from the Certificate Issue Date, excluding any time an Insured Person was Totally Disabled, We cannot use misstatements, except fraudulent misstatements, in Your application (which includes any papers signed or information provided to get this Certificate) to void coverage or deny a claim for loss that happens after the three-year period.

After three years from the last Reinstatement Date, excluding any time an Insured Person was Totally Disabled, We cannot use misstatements, except fraudulent misstatements, in Your reinstatement application (which includes any papers signed or information provided to reinstate this Certificate) to void coverage or deny a claim for loss that happens after the three-year period.

No claim for loss incurred after three years from the Certificate Issue Date, shall be reduced or denied on the ground that a disease or physical condition not excluded from coverage by name or specific description existing on the date of loss had existed prior to the effective date of coverage of this Certificate.

Time of Coverage. Coverage starts on the Certificate Issue Date at 12:01 a.m., in the time zone of Your permanent residence. It ends at 12:01 a.m. in the same time zone on the renewal date, subject to the Grace Period. Each time this Certificate is renewed, the new term begins when the old term ends.

Workers' Compensation. This Certificate is not in place of, and does not affect any state's requirements for coverage by Workers' Compensation insurance.

OFF-THE-JOB ACCIDENT-ONLY DISABILITY INCOME CERTIFICATE OF INSURANCE

Company may change premium rates

READ YOUR CERTIFICATE CAREFULLY



EMPLOYER INFORMATION

Employer Name		Employer's Tax I.D. No.	
<i>Street Address</i>		<i>City</i>	<i>State</i> <i>ZIP+4</i>
Address			
Contact Name		Contact Title	
Contact Phone No. ()	Contact Fax No. ()	Contact Email	

1. Details of any subsidiaries or affiliates to be insured _____

2. Name and nature of business _____

3. Type of business: ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Sole Proprietor ☐ Other _____

4. Percent of premium paid by employer for employees _____%

5. Waiting period: For current employees _____ For new employees _____

6. How many eligible full-time employees? _____ Hours required for benefit eligibility _____

7. Does this insurance replace existing insurance with any company? If YES, provide details below.

Company Name	Group/Policy Number	Termination Date (MM/DD/YYYY)
		/ /
		/ /
		/ /

8. Requested effective date of insurance ____ / ____ / ____ (MM/DD/YYYY)

9. Is this an ERISA Plan? ☐ Yes ☐ No

10. Third-party administrator (TPA) must be approved by and under contract with Assurity. If a TPA will be involved, please provide the information below.

Name _____

Address _____
Street Address *City* *State* *ZIP+4*

Additional information or details _____

NOTE: There is an "actively employed" requirement for coverage to be in force. Any employee unable to perform the material and substantial duties of their regular occupation will not be insured until this requirement is satisfied.



ENROLLMENT INFORMATION**ACCIDENT EXPENSE— Policy and rider availability, features and rates may vary by state**

Plans	Riders
<input type="checkbox"/> 24-hour Accident Expense	<input type="checkbox"/> Accident-only Disability Income Rider Benefit Period: <input type="checkbox"/> 6-month <input type="checkbox"/> 12-month
<input type="checkbox"/> Off-the-job Accident Expense	Benefit Amount: <input type="checkbox"/> \$600 <input type="checkbox"/> \$1,200
Premium paid by: <input type="checkbox"/> pre-tax deduction	<input type="checkbox"/> Wellness Benefit Rider
<input type="checkbox"/> after-tax deduction	<input type="checkbox"/> Other (specify) _____

CRITICAL ILLNESS—Policy and rider availability, features and rates may vary by state

Plan	Riders
<input type="checkbox"/> Critical Illness	<input type="checkbox"/> Cancer Benefit Rider
	<input type="checkbox"/> Cancer Benefit Rider with Recurrence Benefit
	<input type="checkbox"/> Health Screening Benefit Rider
	<input type="checkbox"/> Recurrence Benefit Rider
	<input type="checkbox"/> Other (specify) _____

DISABILITY INCOME— Policy and rider availability, features and rates may vary by state

Plans	Riders
<input type="checkbox"/> Off-the-job Accident-only Disability Income	<input type="checkbox"/> Emergency Accident Rider <input type="checkbox"/> \$100 <input type="checkbox"/> \$150 <input type="checkbox"/> \$200
<input type="checkbox"/> Off-the-job Accident and Sickness Disability Income	<input type="checkbox"/> On-the-job Disability Income Rider
	<input type="checkbox"/> Retroactive Injury Benefit Rider
Premium paid by: <input type="checkbox"/> pre-tax deduction	<input type="checkbox"/> Spouse Accident-only Disability Income Rider <input type="checkbox"/> \$600 <input type="checkbox"/> \$1,200
<input type="checkbox"/> after-tax deduction	<input type="checkbox"/> Other (specify) _____

AUTHORIZATION AND AGREEMENT

Assurity Life Insurance Company reserves the right to withdraw the policy if participation during the initial enrollment is less than [10] covered Certificate holders or any other state-specific participation requirements. It is understood and agreed that this application shall be made a part of the policy applied for and that no insurance shall be effective until approved by the Company at its home office. The Employer acknowledges that compliance with federal and state employment laws is solely the responsibility of the Employer.

Any person who knowingly, and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall also be subject to a substantial civil penalty where and to the extent allowed by state law.

Signed at _____ on _____ / _____ / _____
City State Date (MM/DD/YYYY)

Employer Signature Title

Signature of Licensed Agent Print Agent Name and Agent No.

